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MONTHLY.

VOLUME XIII.

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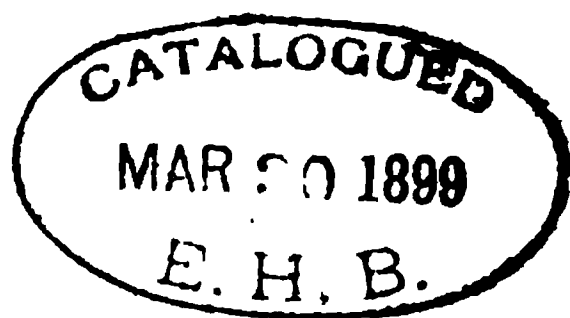
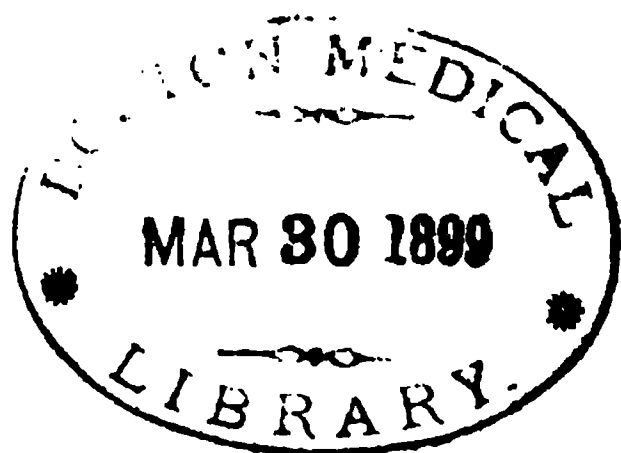
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# HOMŒOPATHIC RECORDER.

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No. 1.

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## MARRIAGE AND DIVORCE.

### The Medical Profession and the Sexual Question.

By I. W. Heysinger, M. A., M. D., Author of "The Source and Mode of Solar Energy Throughout the Universe," "The Scientific Basis of Medicine," etc., etc.

Among the great sociological questions which have been crowding themselves to the front of late is that of the so-called Emancipation of Woman. Behind it there looms up, less and less dimly, the question of marriage, and especially that of divorce, as modified by sexual desire and passion.

Women, they tell us, lose their marital desires, they are no longer satisfied with the same man; while their husbands also wish to seek new pastures; shall women be free to seek out and find new human stimuli, to again awaken their dormant desires by an easy divorce? and shall men experiment with new women, under sanction of the law, so long as advancing age and their emasculation by past excesses permit?

That is to say, is the basis of marriage to be the sexual pleasures of the individuals, or is there a broader basis than this, so far transcending these fugitive, fanciful, and unphysiological concomitants that the mere question of sexual appetite and indulgence is dwarfed, by comparison, into relative insignificance?

So, too, shall we cater to a gross, physical appetite, which grows by what it feeds upon, until a new woman or a new man shall be required for every sexual act, for each man and woman, or until palled desires ask for a change, as one flits from one tempting viand to another at a public table? A medical friend tells me of a man he knows who has ticked off on his list fifty different women who have shared his sexual services during the past year, and he has started in with the present year for a

greatly increased record. Is this something to be proud of? Is it normal? Is it excusable? Should our laws be made general enough to meet and approve such cases, and should such cases become the accepted general rule?

All the private and social iniquity of the age sooner or later falls under the ken of the family physician; should he be a man to whom the hopes of the future shall turn with unerring confidence, or one who will pander like a procurer to those who seek "emancipation," and, worst of all, shall he do this in the guise of an expert in biological science and a confidant in the family circle?

As the medical profession shall decide these questions, so shall the outcome be; or else the common sense and decency of mankind, and its civilization, will sweep aside such alleged technical knowledge as a libel on humanity, and, with this, turn away from our glorious profession—the *conservator* of human health and sweetness, as tainted with the poisonous breath of a basilisk.

What is our privilege, and what is our duty in the premises? We stand at the parting of the ways; for a mighty surge of indecency has been for years sweeping along; it is the old time concomitant of irresponsible wealth, and ease, and fashion, and indolence, among one class of our population, and of learning by example and precept among another. The growing children have new problems presented as they emerge from childhood; fallacy is everywhere accessible, but not truth—the newspapers reek with true narratives of filth; the conversation is far looser than ever before; unrebuked examples of unchastity are more and more publicly visible everywhere; condonement follows discovery, and the popular ideals have been changed.

"Vice is a creature of such hideous mien  
That to be hated, needs but to be seen;  
But seen too oft, familiar with its face,  
We first endure, then pity, then embrace."

The hysterical emotional has come to that point among many women that they are ready to load with flowers the most loathsome criminals. This is a well-known form of sexual perversion, and this revolt from hard common sense is prevalent in a thousand directions. The sympathies are misdirected and depraved—there is a reaching out for the strange, the exciting, the terrible, the morbid and the criminally strong and masterful. These tendencies are very closely allied to the blood-thirst of

## *Marriage and Divorce.*

savage tyrants, and to the craving for monstrous forms of crime among some of the lower races of men; they are the manifestations only of a struggling, hysterical, psycopathic "emancipation."

The problem is a real one, and it has not, hitherto, emerged into human experience, as it is now doing, since the decadence of the Roman Empire; and there again it had only emerged, after an interval of a like period, from the psycopathic depravity of ancient Babylon. Before this, again, the biblical record narrates a similar wave in the days of Sodom. They are the recurring epilepsies of the human race, when nature turns her convulsive energies inward upon herself.

To our profession all must eventually look, and it is a serious matter for us to consider what the outcome is to be and how we shall meet it. These great cyclical movements do not develop their inevitable consequences at first. Those who are dabbling in and pleading for the putrid deluge would be horrified to see the logical sequences. But they are inevitable, unless a better science, and the lessons of history, the clear comprehension of this almost world-wide disease, its diagnosis and prognosis, are at hand to develop an efficient moral hygiene against the approach of a preventible epidemic of atavism which otherwise will submerge, for centuries perhaps, the manhood and womanhood, and the welfare of whole sections of the race; or else turn it, emasculated and depraved, into subjection to cleaner races now emerging from the darkness of the past, just as our own civilization has, so recently emerged; how recently and how imperfectly, only the critical student of ethnology and history knows.

It is incomprehensible that educated physicians should fail to see these growing disorders—every culture is full of their morbid germs.

But they do fail to see them. They write, speak and work, in many instances, for the powers of darkness and against those of light.

In looking over the pages of the November issue, 1896, of a medical magazine published in Chicago I found an article by Dr. William F. Waugh, one of the editors, which has surprised me. The statements therein made are so specious, and so frankly and boldly presented that, unless their entire incompatibility with the broader grounds, upon which all such questions must finally rest, be kept in mind, they will carry con-

viction to many persons, both professional and lay, and aid in spreading abroad doctrines totally antagonistic to, and irreconcilable with, nay, even subversive of, what we understand to be civilization, and which civilization, in any case, is the only defensive and progressive organization possible for humanity in its present structure, as has been clearly evidenced by the universal experience of mankind.

Reduced to its fundamentals, Dr. Waugh's argument is that "about 25 per cent. of women never know a sexual orgasm, while with 60 per cent. it is rare. A very small number, not 1 per cent., have the appetite like a man's."

"With man," he continues, "it is altogether different. (Nature) makes man ready to do his part at all times, that the woman's favorable time may not be missed." \* \* \* "Men and women," he says, "cannot be judged by the same standpoint, as they differ fundamentally in the sexual instinct. Woman's desires are towards maternity." \* \* \* "Marriage, social customs, the union for life of one man to one woman, form no part of Nature's scheme. They are attempts by man to interpret Nature, however imperfectly." So says Dr. Waugh.

Disclaiming, however, any attempt by marriage to *interpret* Nature, as Dr. Waugh says, but substituting therefor *modify*, (for everything, which differentiates men from brutes, modifies *Nature*), the above presents a series of facts which, in great part, will not be controverted. After the above statements he cites the former Japanese custom of a course of prostitution (which was really intended, however, to provide a cash dower for the young lady's possible marriage, and not, as Dr. Waugh seems to suggest, a mere target practice for that desirable consummation), and also the old Scottish habit, in which emancipated courtship was pushed to its full logical conclusion, and in which, says Dr. Waugh, "the bride presented herself at the altar with one or more children to begin wedlock;" and the writer then asks:

"How many wretched marriages would be prevented by such a custom? As it is, the acquaintance of man and woman before marriage is usually so slight that wedlock becomes indeed, in many respects, a mere lottery."

The *acquaintance* to which he refers is this sexual acquaintance, of course, in order to determine if the parties are properly fitted, in that particular way, to each other, for it is not conceivable that an experiment of this sort, however often repeated, would



enable the man and women to know more of each other spiritually, mentally or socially.

Indeed, the writer emphasizes his point by citing cases in which, as he says, "a man with powerful sexual organs, of the larger size, marries a feeble woman with a small vagina. Result: Murder, I feel like calling it."

The doctor is right in his facts; we all meet with such cases, and such marriages ought to be prevented; but I would respectfully suggest that the parties themselves are not the proper ones to arrive at an accurate measurement or a correct conclusion, and especially at such an exciting time—they are, in fact, too deeply interested in the experiment themselves; and afterwards, as the doctor says, it would be too late, for the woman would be practically murdered. In any case they would want to experiment around a good deal to get the best and most fashionable fit; it would, in fact, be a delightful addition to the pleasures of shopping, and no doubt our large establishments would open record books, keep stallions, and conduct the business in a systematic way. I am told that there are such rooms in the bathing establishments for ladies *on the other side*, but these rooms are kept dark; when Dr. Waugh gets the new system established it will all be done in broad daylight, and we shall see signs erected in front, inscribed: "Ladies fitted while they wait."

For he suggests two remedies directly in this line: first, that the stigma cast upon divorce should be removed, and that people who are mismated should separate. The separation, of course, is not so difficult, if both parties are agreed, but the re-mating would logically require some such mechanism as I have mentioned above; for otherwise a woman might be murdered several times a day (since, he says, less than 1 per cent. of them are immune from this species of homicide), for years, or indeed until they had passed the climacteric so far that the assassins would all have abandoned the pursuit in disgust, and yet she might never have found her delightful companion at all, with all her trying, which is sad.

The second remedy, the doctor says, consists, to quote his words, in "the advancement of woman towards independence. \* \* \* As woman becomes independent and self-supporting, her union with man loses the degrading element of dependence, and she meets him on terms of equality. And what a delightful companion she then becomes; when inclination alone leads

her to us, without a mercenary thought." "The indifference with which married couples treat each other would be most beneficially dissipated if separation were made easy, with no pecuniary sacrifices to either, but a proper sharing of the responsibilities resulting from the union."

I think the doctor is a little vague here; for example, if all this delight is to come from "inclination" leading one to the other, there would be just as much of the opposite, that is of misery, in case one party wanted to separate and the other didn't, or in case one wanted to come together and the other wanted to stay apart; or else come together with somebody else. There *would be* the rub. It does seem to me that the doctor has not calculated, in his snap-shot arrangement, for the fifty or more lop-sided inclinations for each bi-lateral one. There would be plenty of experimenting around, of course, and the "pecuniary" element doubtless refers to money, which neither party is to sacrifice; that is, according to the doctor, it is all to be a "free-blow;" but the "responsibilities" are more probably in the nature of the resulting offspring. After one of these sexually favored ladies had produced three or four broods of children to as many different living husbands, and each of these husbands had at the same time acquired one-half the proceeds of as many other surviving wives, these families would have become decidedly mixed; it would require a "master of the hounds" to keep the stocks and breeds separate. A far easier solution, it seems to me, would be to run the babies into general foundling asylums, or the parents into insane institutions; or else drown the youngsters, as they do with surplus pups and kittens. The cats out on the back fences are entirely "emancipated;" the males and females are each "independent and self-supporting;" the female meets with the male "on terms of perfect equality," for "inclination alone leads her to him;" and all the neighbors will testify that the "companionship is delightful."

The doctor adds: "The children resulting from illicit unions, due solely to inclination, have always been noted for their superiority; and history is full of the achievements of bastards."

Stock-breeders will not agree with the doctor in this statement; the progeny of such unions are known to these experts as "mongrels" and "accidental hybrids." Careful selection by outside and disinterested parties is a *sine qua non* in improving the breed of any animal.

As a final conclusion, this writer says: "And how then can a conscientious man or woman take an oath that they will love the other for the whole course of their future lives when they know very well that no one can love by exercise of will, and that very many do not and cannot keep the oaths." And then, "my conviction is that if divorce were to be easily obtained, and if all women were self-supporting, prostitution would become much less frequent and seduction rare.

Without raising the question as to whether a man and a woman cannot take an oath, and keep it, to live a decent life, whether they want to or not (for none of us can do as we like); or whether prostitution itself is not the very means by which prostitutes are made self-supporting; and also whether the adoption of the good old Scotch custom would not merely exclude seduction by legalizing the act, so that, as Mark Twain said of the Sandwich Islands, under the missionaries, "it would only exist in reality, and not in appearance," we must take a broad, horizontal view of what marriage and the state of wedlock really are. To make divorce easy, as Dr. Waugh advises, is to make marriage still more easy. The records of history prove universally that the marriage state, in which one man is linked to one woman, as the conservator of the future offspring, is the very foundation of the social organization. Wherever this has been trespassed upon or abrogated, or wherever it has failed to be established, there we find society in a state of chaotic disorganization, and civilization and advancement made impossible. We must go back to the plains of Australia to find a country where, among the original natives, marriage and divorce were both unknown, and, also, in which human beings were human beings only in form.

Just as the object of the sexual instinct is the reproduction of the species, so is the object of the marriage state the preservation of the future organization of society. The whole fabric of mankind rests upon this substructure, and to secure this paramount gain individual loss must be endured, as is the case with every association, or every means of advancement, with such ameliorations as may be possible, without trespassing in one jot or tittle upon this great heritage.

We might say that a note of hand, with good endorsements, a long-term lease, or a ground-rent, also becomes, in many cases, a great burden, but what business could be done, or what financial prosperity be produced, in a country where repudiation of

obligations was made easy at the will of the party most disagreeably bound thereby? Or we might say that the terms of service of enlisted soldiers become very distasteful also, sometimes, but what great war could be successfully waged in which the soldiers were allowed to discharge themselves at will? So the stigma of the presence of our jails and penitentiaries, the stigma which is the result of every attempt to break oneself against the adamant wall of the social compact, must exist if that wall, behind which are all the priceless inheritances of man, is to stand, our sole defense against animalism.

But let us, even, take Dr. Waugh's own view, and see whither it will lead us. He says, "not 1 per cent. of women have the sexual appetite like a man's." Let it go at 1 per cent., and we will throw in the difference for good measure.

In such case, if we are to be properly mated, every one of these properly qualified women, in addition to the happy man who now shares her delightful companionship, must have superadded to her modicum (if the men are to be considered) ninety and nine new ones. It is related in the History of Prostitution that a woman in France once took a whole company of soldiers, in succession, so that I cannot deny the existence of such a "saving remnant" among the sisters; but it certainly seems to me that for the permanent economical utilization of this 1 per cent. our domestic architecture would have to be greatly modified. There would be the one main central woman-house, with a flag flying from the dome with the signal numbers in proper rotation, I suppose, and around this structure would be grouped in a circle the one hundred man-cabins, in front of each of which would sit a hungry troglodyte with his eyes glued to that signal flag.

But there would be a constant danger that this abundance might become, to the lady herself, in time, a superfluity, and some of the crowded-out husbands might there have to take refuge among the "small vaginas" (and every one knows how objectionable these are), and then there would be the same old trouble again and the homicides would recommence.

But indeed this matter of the small vaginas is not so formidable as it might seem; if, as the good Doctor happily says, "woman's desires are towards maternity," there must surely be some provision in Nature (and the Doctor is very fond of *Nature* with a big N), when we properly "interpret" it, for the subsequent passage of the head, at least, of a living baby through that same

vagina; and it must certainly be very rare, even in Chicago, that the "powerful sexual organs," even if they be of the "larger size," as the doctor says, can tally up to that diameter.

So, while the gay old Scotch custom may answer well enough so far as the "organs" themselves are concerned, it may yet "gang all aglee" with respect to the forthcoming organism, and which the candidates cannot test, even if they wanted to, until "forever and eternally too late."

Or is the woman not to be counted in at all?

Child-bearing, though extremely useful, is not an agreeable operation, with its strains and lacerations, even if anæsthetics be used, and I very much doubt, if the processes were reversed, and the "pleasures of the delightful companionship when inclination alone leads her to us," as Dr. Waugh so beautifully remarks, were to occur nine months after instead of the same time before the operation of child-birth, whether he would have occasion to take the same interest in the subject, as one solely concerned with "inclination" and "delightful companionship."

The simple truth of the matter is that decent people do not fall in love with each other by reason of nice prior calculations and estimates as to the net amount or accuracy of fit, or of the mere animal quality of sexual pleasures, at all. This is an important incident, but it is only an incident, and is a part of the same lottery of life in which we all take our chances when we start our first game at the gate of infancy and end it at the portals of the grave. We love with our spiritual nature, and we procreate with our animal nature, and to sacrifice the former at the altar of the latter is to cut our throats, and those of the coming race, in the filth of the shambles. The general run of bastards is not above, but below, the average, and to scatter our children broadcast, like pumpkin seeds, is to do an unpardonable crime against manhood, motherhood, and God—whether it be the God of Abraham, Isaac and Jacob, or the God of Nature, Evolution and Advancement.

But is there no remedy for these acknowledged defects in the essential order of higher nature? Yes, emphatically.

Men and women who are in any doubt, (and all contemplating marriage ought to be in doubt), should take at least as much interest in the adaptability of those *with* whom they are to live as in the purchase or building of a house *in* which they are to live. In the latter case they would have the foundations, the construction, and the drainage carefully examined by skilled

experts in such matters ; and it ought to be an ordinary course of procedure before marriage, (and we can make such a rule universal if we so will), to have a similar physical examination made by the skilled family physician, not only as regards the immediate chances of sexual felicity, but also as regards subsequent child-bearing ; and such a custom, if once universally established, would immeasurably enhance the dignity, responsibility, and importance of our profession.

Among the Araucanian Indians of Southern Chile, I have been informed by a gentleman long resident among them, such a custom has prevailed from time immemorial ; and Humboldt, Charles Darwin, and other anthropologists, all agree that this race presents the highest physical type of manhood and womanhood in existence. So also the custom prevails in Brazil, where, I am informed, for a marriage to take place, even among the most aristocratic, without a previous physical examination of both male and female candidates by a medical man, would be looked upon as highly disreputable.

The remedy is simply and entirely in our own hands, and we are faithless to our sacred trust so long as we fail to earnestly teach it to the people.

It is a fact, well known to the profession, that the marital distaste for sexual intercourse, on the part of the wife, is usually subsequent to the birth of one or more children, or to a miscarriage. In nearly or quite all such cases, as is well known to recent medical science, the normal standard of desires can be restored, if taken in time, by a simple surgical operation, either upon the perineum, the neck of the uterus, or adjacent parts, or the rectum, the entrance to the vagina, or clitoris. This should be promptly resorted to in all cases of perverted sexual function, and it should be explained to both wife and husband, and the husband himself should insist upon it. Where a continued term of years may pass in which the wife remains sterile, and when this condition cannot be corrected by professional treatment, this sterility might be made a valid reason for divorce by mutual agreement of the parties under proper circumstances ; for, otherwise, the welfare of the future social organism, which depends on reproduction, would be to that degree imperilled.

Nine times out of ten the wife and the husband drift apart by reason of pathological conditions induced after marriage, and which can, in many cases, be as easily corrected as a sore toe.



Where this is not the source of the trouble, it is caused, in a vast preponderance of cases, by the devilish machinations of other men, who deliberately seek, by arts which they have learned to practise, "to conquer" a new slave to their passions. Where women are not thus tempted, and where the physiological structures are intact, the feelings of wifehood may and will become more mellowed (as they should) with passing years, but will still remain, and be better correlated to their conditions, than if these wives were to manifest the wildest caracoles of paid prostitutes, or numbered themselves among that anointed 1 per cent., or less, of women who carry a masculine passion flaunting on their horns.

Constituted as we are, the mere sense of a confinement which can be broken by an effort, is one of the strongest incentives to that effort. The loss of chastity comes from the contemplation of the losing of chastity. We are all creatures of inexorable circumstances, environed by nature on every side; but simply because these circumstances are unavoidable, we do not chafe against them—we make the best of the bargain, which is, in fact, our own circumscribed humanity; and we can be as happy there, aye, far happier, than though we bore the conquests of new worlds, and the struggles and temptations of a new freedom, beneath our waist-bands, with all their cares and all their responsibilities and agonies.

"Man never is, but always *to be* blest."

The true pathway of happiness is the middle way, as wise old Confucius so long ago discovered. Moderation and reciprocity are the great factors which now and eternally make for happiness.

Do not make divorces more easy, but make marriages more a subject of special individualization; see that those who propose to wed together forever are fitted to do so; and then see that all artificially-raised obstacles are removed at the time; and teach the sacredness of marriage, not necessarily in a religious sense, but as a constituent and essential part of the great fabric of humanity, in which we are all irremovably interwoven.

Then guard the wives against the seductions of other men, just as we guard a fold of our sheep, or of the domestic fowls we cherish, against the assaults of wolves and hawks.

As we guard our young daughters, by the stern hand of the law, so let us guard our wives also against their enemy and themselves.

The law most wisely provides that the "age of consent" shall not exist until a girl is a woman grown.

When a woman marries she, by her own act, and in the most solemn manner, surrenders her right of consent. What man in the whole world would ever marry a woman who openly reserved to herself this right of consent in favor of other men? The very contract itself is the abandonment of all right of consent, on both sides. But in the case of the male the danger to the fabric of social organization is by no means so great, for with women the very fountains of reproductive purity are poisoned. This is the true reason for the different degrees of obloquy which follow adultery by the man or the woman, and it is just.

If the married woman can be made as dangerous to a libertine as a rattlesnake, the problem will be solved. To do this, it is only necessary to make the marriage contract an irrevocable act, by which the wife has totally abandoned and lost the power of "consent," and treat every case of illicit intercourse with a married woman, not legally separated from her husband, as a case of rape, and punishable, precisely as similar intercourse now is, under our existing statutes, with a female under the legal age of consent. And to this add heavy civil damages in favor of the wronged husband.

It may be objected that the punishment will then fall entirely upon the male criminal, while the woman partner will go scot-free. This is not so, for adultery is now recognized as a statutory ground for divorce. And the cry has always been that, in these cases, it is the woman who suffers alone, both socially and legally, while her seducer is comparatively exempt. The above procedure will at least make him bear his full share, and will prevent, to a large extent, such violation of the family circle, for there surely can be no adultery unless there be a man in the case, as well as the woman. The women are those to whom we owe the first and greatest protection.

Of course, adulteries will occur—murders and thefts occur, but who would desire the laws against these crimes to be abrogated because such crimes still exist. As Col. Ingersoll has well said: "You can prevent a man from committing a crime, but you cannot prevent him from wanting to commit it."

Others will object that the proposed remedy does not go far enough; that morality demands that it ought to protect all women, married or single. But the question of morals is not what is involved in this matter. Incidentally it will operate in favor

of public morality, but that is only an incident; it would be equally necessary if it were not moral or if it were even immoral.

The purpose, and the sole purpose, is to preserve the family circle immaculate, to safe-guard the future generations, to make the bond between parents and children firmer and stronger, to insist upon the double responsibility of father and mother for the welfare of their offspring, and to further civilization and human progress along lines which history and experience have demonstrated to be the only means of development into higher and higher planes of social organization, and to lead to the physical and intellectual advancement of the race. The rest will take care of itself, if we once securely and permanently hold fast to this.

It has been said that if a married woman once "meets her ideal" she is lost. Well, a man who will tamper with the virtue of a married woman, and destroy his miserable victim, is a mighty poor sort of an "ideal" for a decent woman to have.

Besides, it is not true. The *ideal* of a man of eighty is usually a girl of about fifteen; and the ideals of a girl of sixteen, the same girl at twenty, then at twenty-five, and afterwards at thirty or thirty-five, are quite different sorts of men. There are hidden sympathies apt to come to the surface, and, like quick-sands, engulf their victims, but these belong to the category of preventable diseases. How many happy wives to-day thank the prevision of their parents which saved them from marrying their criminal, pauper, drunken, selfish, worthless ideals of years ago! In the country districts the folks talk about "calf-love." On an average, I think people fall in love about three times, and are "engaged" at least once before the final engagement comes, which culminates in marriage. The whole subject of sexual love needs an overhauling; it has long been suspected that it partakes largely of a psychopathy. It certainly dominates among less than one-tenth of the human race, so far as making it a valid basis for marriage. The very fact that it is so evanescent; that it may be instantly converted into the fiercest hatred, showing how nearly these passions are allied; that it is made an excuse for "change partners" in the great dance of life, (which is proof that, for these, life itself, as coördinated with such passion, is only a dance, and not a conflict, or a path of duty which, when it is followed, leads to content and real happiness), all these show that it is not a true guiding-star, but a mere passing passion, an

*ignis fatuus* in many cases. Physicians will agree that among their patients they find more unhappy marriages in the category of those who "sprang to arms" at the first call of passion than among those who studied the ground, carefully planned their campaign, and then entered upon married life with a full knowledge of its responsibilities and duties, and with a matured acquaintance with their life-partners. Divorces are very rare among this latter class.

Of course, once in a while a marriage of passion is followed by a life of single-hearted devotion, but the experiment is a dangerous one. I have often thought that Shakespeare's play of "Romeo and Juliet" has done much harm in this way; I feel very sure that these people, who were happily spared the experience, would never have been able to live up to their first send-off; they started in with terrapin, roast turkey, and too much pie.

But in every case, ideal or no ideal, there must be a man in the case; and if we can make it to the interest of this individual not to be an "ideal" for any married woman, it is certain that these married women will have the opportunity, at least, to live out their lives in decency and decorum, and that "their children will rise up and call them blessed."

Treat the man as the aggressor; punish him as the defiler of the fountain of the race, and he will flee from such temptation as Joseph of old fled from the lures of Potiphar's wife, even though a prison should confront him as the consequence.

And we shall then keep this priceless pearl of chastity, and its twin jewels of parentage and the family circle, as nearly intact as common-sense and art and science, reinforced by the active aid of our sacred profession, can make them.

We must keep our eyes firmly fixed on the family as the centre and the hub, and on the social structure and the state as the felloes and the spokes, and then quietly help, each of us, all we can, for time, for man, for eternity, and for the future welfare and advancement of the race.

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### THE NEW PHARMACOPŒIA.

When this work was noticed last July in the HOMŒOPATHIC RECORDER, it was said that some months must elapse before we could give it the critical review that a work of its character demanded; the time has now arrived for stating the objections, then intimated, in fuller terms. It is not an agreeable task and

it would be pleasanter to remain silent, but a sense of duty to the cause of Homœopathy seems to forbid this. Of the mere mistakes, and errors, in the work (and they are by no means inconsiderable) we shall say nothing at the present time, for they are of a nature that could be corrected, when pointed out, in future editions, but shall confine ourselves to what we regard as the two fundamental and fatal errors of the work; and in doing this let it be understood that we are animated by no hostility to the Committee who prepared the work, giving their time and services without reward, nor by any other motive than the welfare of *all* that pertains to the cause. Though just here it might be stated that the Committee were by no means unanimous, as we know.

The lesser of the two fundamental errors, baldly stated, is: That the new pharmacopœia gives the medical profession different remedies from those on which the grand homœopathic edifice has been reared. Carrol Dunham has given us the great definition, "Homœopathy; The Science of Therapeutics," and nothing truer was ever penned. Homœopathy is "The Science of Therapeutics" or it is nothing but a rather long lasting fad in medicine. There can be no middle course. Therapeutics, in the true sense, is the scientific application of drugs to the cure of disease. Homœopathy, the "Science" of that procedure, is founded on its *materia medica* and on nothing else; that *materia medica* is built on the provings of drugs prepared in a specified manner; but, at this late day for the sake of a shadowy "uniform drug power," the new work departs from the old methods, and ordains new methods which will necessarily produce drugs of a more or less different character from those on which Homœopathy has prospered and waxed great. Let us take but one example, *Aconite*. This drug has always been prepared, for the use of the homœopathic medical profession, from the pure juice of the fresh plant, preserved in an equal quantity by weight of alcohol. The new method is to pound up and macerate the whole plant. What would be the difference? Who knows! Certainly not the RECORDER and, with due respect, not the Committee. Imagine a wine made from the juice of the grapes and one in which stems, seeds, skins, leaves, etc., had been fermented with the juice and an idea of the difference may be had. Something *not* in the drug from which the provings were made enters into the new preparation. And what is gained? Naught but an uncertain and elusive "uniform drug power!"

"What is drug power?" We fear that the committee has confounded "drug power" with "drug violence." A drug that, even in the 30th potency, will cure a disease, exhibits true drug power, while one, like *Acidum hydrocyanicum*, a drop of which will kill, is an example of drug violence. "Drug power" does *not* exist in the actual amount of the drug present in a prescription, but *solely* in its homœopathicity to a disease. It is but fair to state that not all the drugs in the new work depart so far from the old lines as the specimen cited, but there are a sufficient number of them to render the work radically objectionable to everyone who believes in Homœopathy, or the law, *Similia similibus curantur*.

Our second reason for opposing the work is of a widely different character and, again, baldly put, is: That the new Pharmacopœia actually, though insidiously, cuts away the ground from under the American Institute of Homœopathy, and, consequently, from under every homœopathic college, hospital, practitioner, and all pertaining to Homœopathy. This is a sweeping assertion, but if the new book is to be followed the slow but sure logic of time will prove its truth. Homœopathy made its way against terrible opposition chiefly on cures of so-called "chronic" cases, and these were mostly cured with remedies like *Silicea*, *Calcarea carb.*, *Aurum*, and a host of other "insolubles." Until comparatively recent years all these drugs were prescribed in dilutions, or pellets medicated with dilutions of the triturations of these insolubles, in accordance with Hahnemann's directions. The new Pharmacopœia condemns these drugs as inert—precisely what our "regular" friends have always said! What follows? Why sooner or later the laughing "regular" points to this fact and very truly insists that if you condemn the one you cannot spare the other dilution and—away goes the whole. For what reply can be made? The most important part of our edifice is built on material gathered from work done by these dilutions which the official Pharmacopœia — if it is to be the official — says were and are inert.

It may be truly replied that the new work does not actually say these dilutions are "inert" in so many words. What it does say is this: "The minutest particles attainable by mortar trituration are equal in size to those obtained by precipitation, and like these, they are not further reducible by trituration." (Which is mere assertion.)

"These remarks have reference to the long established cus-

toms of attempting to make dilutions from the 3rd centesimal or 6th decimal trituration, as this does not produce perfect solubility of ordinary insoluble substances, in the sense hitherto erroneously accepted."

"Therefore, triturations of substances insoluble in water or alcohol, should not be used for dilutions." Why not? Clearly there can be but one answer: Because such dilutions are inert; the cruel alternative would be: Because they do not enable pharmacists to sell enough medicine, but of course this is absurd and the condemnation of our oldest remedies remains. Worse than all the new work in this denies Hahnemann, who says on this point: "In order to convert the potent trituration into the liquid state, and still further develop its power, we avail ourselves of the experience, hitherto unknown to chemistry, that all medicinal substances triturated to the third are soluble in water and alcohol." And this is *true*, as the past solemnly testifies; it is not to be believed because the man Hahnemann taught it but for the reason that experience has incontestibly proved its truth even though the microscope fails to reveal to the eyes of finite man any material particles of the drug in such dilutions.

The gain in adopting this book will be an illusive "uniformity" that even if attained will be of no actual value to the physician, and for which he will be, unless he prepares his own medicines, dependent on the honesty of his pharmacist. Thus we see that the gain to the cause from adopting this new work is practically nothing, while the loss may be everything; it condemns the founder, or, rather, the discoverer and formulator, of the great law of therapeutics, and our brightest lights of the past, and leaves us, what?

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## A RETROSPECT AND A FORECAST.

In this rare old world, and always providing one is not stone blind, there is much to be seen between the ages of twenty-four and sixty-four. Perhaps a retrospect through such a vista may not be wholly without interest to the readers of the *RECORDER*, inasmuch as the recollections pertain entirely to a medical studentship for that period of time and the student's convictions made and *keep* him a homœopath.

It was the student's good fortune to enter the office of the Hon. W. H. Watson, M. D., of Utica, New York. There he



certainly found "the best of all good company;" the doctor himself, a graduate from Brown University when a diploma in letters had no foot-ball folly depreciating its meaning; a student who sat at the feet of an Okie, and who did not disgrace the preceptor when his student donned the gown of medical doctorhood after graduation in the beloved old Filbert Street shrine of Homœopathy. If the student now writing has learned that *nothing pertaining to medicine is foreign to the homœopathic physician*, then, of a certainty, he owes it to his own preceptor.

Preceding this student in that fondly-remembered office were the late Dr. Millard, of New York City, and the present Dr. W. S. Searle, of Brooklyn, N. Y. If Hamilton College is not "justified of her children" it is not the fault of the two classmates just mentioned. But why should he, who was ever *der taugenichts* of that office, endeavor to creep for a moment under their mantles! Little did he see of Dr. Millard until much later; and with Dr. Searle his intimacy began as a room-mate during the last year of the doctor's medical undergraduateship. (Where now is the landlady who fed us "country fellows" with oyster pies until we absolutely could not turn over in bed mornings? *That* was hospitality!)

Medical students read a year in a preceptor's office before they entered college, in those days; yes, and if the preceptor did his duty they recited to him of their reading. Dear teacher of mine, thou didst thy duty; faithfully didst thou drive me through "Wilson's Anatomy;" daily the inevitable recitation, daily the invariable reprimand for flirting with the girls while sitting at the front window of the office pretending to "study." Yes, dear teacher, thou knowest "Wilson's Anatomy" went through me: Alas! It didn't stay in me, because in these days of mistaken belly-aches half of the time I'm puzzled to know where the appendix vermiformis is: a modern, "scientific" surgeon "knocks me silly" every time! But that isn't thy fault; perhaps it isn't always mine.

One day the student, "with verdure clad," saw for the first time a live "professor" of the species medical. Awe "isn't in it" compared with the sensation of that first moment. Shortly, however, the "professor" uttered a sentence that would have paralyzed Lindley Murray, whereupon that student took courage to scrutinize the talker on the platform, and *that* time awe wasn't "in it," nor did it ever again perturb him. That man's teachings slid off that student like water from a duck. Does



your professor ever dream of the freemasonry of letters that so often "gives him away," that neutralizes his influence as a teacher? I fear not. (Of course, a fondness for correct language is an "acquired taste," but it is good taste, "just the same;" machine-made professors to the contrary, notwithstanding.)

*Per contra*, does your really educated professor ever imagine that pedantry is fully as fatal to his influence with his class as even grammar-murdering can be?

There was Prof. X., a classically educated man — he could give you Hippocrates his directions for cutting your finger-nails (do you know them, reader?) — always called nightmare "ephaltes;" whose favorite compendium of medicine was that compiled by *Paul of Ægina* (to keep the devil away whilst poor Paul was waiting for practice); whose favorite authority on measles was Rhases, the Persian; in a word, it was of him that the class said:

"There's nothing original in him  
Excepting original sin."

Poor fellow! he couldn't help it; he was "built that way;" it was the ante-natal influence that dominated him, for his father had been branded as a plagiarist while yet the present century was in its third decade.

But of all the automata that ever gyrated as a professor commend me to him who was disguised as a "chemist." Such a drizzle of feeble inanities as he put forth — a thin stream of skim-milk and H<sub>2</sub>O (to the infinite damage of the latter). One course of lectures did for us and did it for *him*; he was succeeded by a chemical Quaker, and some years later he blossomed as a patent medicine what-d'ye-call-it.

The real professors were Hempel, Williamson, Moore and Reed; the others were *simulacra*, capable only of signing a diploma and blackballing any student who dared to call *chaff* rubbish.

Charles Julius Hempel; scholar, patriot, enthusiast and the protagonist of translators; thou, too, art now translated! It was a happy fortune that enabled the student of the old Filbert Street college days to see thee laid tenderly to rest in far-off Michigan. Long wert thou wrapped in darkness; for thee no more the morning's ruddy glow nor evening's golden gleam; but patience was thine and child-like trust, and, lo! the Deliverer came, bringing the peace ineffable so rightly thy guerdon.

How often did we graceless students do the sleeve-laugh when he launched forth into one of his countless pæans praising *Aconite*; but he, at least,

“Believed the wonders that he sang.”

In the years to come, the student who is now writing had opportunities to see that Hempel could accomplish more with *Aconite* — for he knew the whole gamut of its possibilities — than any other physician he has ever seen use it.

The greatest grief of Hempel's life was the endeavor (futile as it proved) to shipwreck the mother college for the sake of founding that in New York city — from which the prime mover in that plot was ignominiously displaced some ten years later for making merchandise of its diploma. That branch of “home industry” was instantly suppressed by the faculty, with Dr. Carroll Dunham for Dean. The present writer had the pleasure of recommending to the mercy of his colleagues the disgraced diploma seller who ten years before had honored him with a blackball vote.

The present writer knows that a codicil to a certain will postponed indefinitely, then, the present flourishing condition of the Philadelphia college — so long have American homœopathic physicians been addicted to kicking their own fat into the fire. Michigan doesn't wear the belt for that prowess!

Walter Williamson, a homœopath with a *conviction* that filled him, and willed him, and killed him by his devotion to its triumphs and its toils. Never was there a teacher who so pared away the superfluities of a lecture. Every word counted, and what a count! Earnest and indefatigable, solid and reliable, and — supplanted one day by a thing without petticoats that talked about the “sympathis pubis” to a crowd of students who could only “sit and take it.” Later the “thing” became somewhat famous for the flavor of the grapes he grew in his vineyard; but when it was discovered that his favorite fertilizer consisted of the *dissecta membra* of the dissecting room his patrons became queasy and the cannibal viticulturist came to grief.

William A. Reed, a physiologist in whom there was no *bile*! (Black bile raises the d—euce with a fellow and his fellows, according to the pre-pathological writers.) Beyond all question, Dr. Reed was the most richly read of all the various professors whom this student has ever heard — and that list includes both Faraday and Tyndall. He was better up in physiological

chemistry than any of his compeers in Philadelphia of that day. Once while holding forth on the physiology of digestion he informed us with all the fervency of profound admiration that "after some years of research Liebig had actually made *fæces* in his laboratory" (synthetically). "*Humph!*" whispered a fellow student to another, "*I did that before I was a day old.*" (A candidate for graduation who could not distinguish between *fæces* and *meconium*! Well, a few years later, *and as might have been expected*, he found a place in State's prison.)

Thomas Moore, the genial, ever-unruffled Professor of Anatomy. Ah, but were we not all proud of him? Indoctrinated in the University of Pennsylvania, and Demonstrator of Anatomy there until the light broke in upon him; then casting his lot with the despised "Homœopaths," and meeting the averted faces of his whilom teachers and associates; his foot on the first round of the ladder leading to preferment and pelf and all that is so seducing in the flesh pots of Egypt, yet turning his back upon all these blandishments to share the proud man's contumely with a pitiful minority, and all for a *conviction*. He was proudly and justly conscious that it could never be said of his students: "They don't know anything of Anatomy." That poisoned arrow of a contemptible calumny never dented the face of his shield; on the contrary, when we were berated for our heresy by the bullyrags of the older school whilst we attended the clinics at the Philadelphia Hospital, it was ever allowed that "if they are Moore's students they at least know Anatomy."

How promptly, after the last stroke of Enos's bell, Dr. Moore shot into the amphitheatre with a question (the preliminary quiz, you know) popping out of his mouth and taking some of us unawares; for he was like lightning; we never knew where he would strike. Thus entering once, with a skull in his hand, the base of it facing the class, and his index finger curved into the foramen magnum, he suddenly asked: "Mr. G., what passes through *there* besides the *œsophagus*?" "*De rectum!*" was the prompt reply of the Teutonic student, who was by no means so sleepy as he looked. The professor's eyes fairly danced with delight, and I question if the dust we raised in that room on the second floor thereupon had all settled when the building was finally demolished.

Death touched him in the heart; I always thought it would; it was the tenderest spot in the consummation of God's work—a gentleman.

"Oh, for the touch of a vanished hand,  
And the sound of a voice that is still."

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It was designed to have written something of the progress of Homœopathy from those days of fervent faith and earnest purpose to these of coquetries with coal tar products, that have never been "proved," and "monkeyings" with hypodermic syringes that have been proved the cheap-and-nastiest of all defilements. But I am afraid the old professors might learn of it, for they all read an "astral" edition of the RECORDER,—and, oh, what would they do? Hang their heads and whisper wonderingly: "Has the dread Source of Truth forgotten it even as they? Did we pass the torch to unworthy hands? Did we vainly toil through all those long years of sore travail for this?"

Perish the thought, O ye who early tilled the vineyard! There still be those who never bent the knee to Baal; those who have never lost sight of the lone star, never faltered in conviction nor failed in duty. What though the heathen rage and the people imagine a vain thing—

"Although the many in their might condemn thee,  
One truth with God is Truth's majority."

That is the *forecast* which filled the worn and weary solitary student with deep delight. Again he saw the eager faces of his old classmates around him as in the long-past days. He raised his voice for a mighty cheer, and, behold! it was a dream.

Not "too good to be true," but too true to be doubted. Heaven send him many such until the *lumen siccum* of Eternity shall dispel the mirages that deceive only here.

S. A. J.

*Ann Arbor, 18th of December.*

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## PROFESSOR OSWALD'S INVESTIGATIONS AND HOMŒOPATHY.

Translated from *Allgemeine Homoöpathische Zeitung* for the HOMŒOPATHIC RECORDER.

MY HONORED COLLEAGUE: You have requested me to make some remarks from the point of view of the homœopathic physician with respect to the very gratifying researches of Professor Oswald which have been published in full through your paper, and I only now find time to comply with your request. In doing so, however, I shall confine myself to a few points, since most of the conclusions which result from Prof. Oswald's publications involuntarily impress themselves on every thinking reader.

I would first of all like to point to the fact that, supposing the experiments of Oswald to contain no error in their arrangements, we have in them a means of demonstrating the presence of a number of organic and inorganic chemical combinations in homœopathic *trituration*, and this, indeed, in a state of unusually minute and subtle comminution, such as probably corresponds, according to the statement of the experimenter himself, to the limits of the most sensitive analytical reaction of the spectrum; for in these experiments the only question was the demonstration of the presence of most minute particles in a state of *solid* aggregation. The proof itself consists in the immediate perception of rigidity or crystallization in a supersaturated solution. Consequently we perceive a physical phenomenon, and from this we are compelled to acknowledge the presence of solid particles of the substance in question in the homœopathic trituration examined.

It is worthy of note, that the substances here considered are mostly of an organic nature, which can never be investigated by spectral analysis. When we find that tartrate of potassa and of soda are regularly found active even in the 8th Decimal trituration, and that in a number of other substances even the one hundred thousandth part of a milligram is still recognizable, this latest increase in the exactness and subtlety of experimental analysis is a matter of great satisfaction. Now of what nature is the exhibition of energy which here furnishes us with new means of quantitative identification? It consists in a change of condition with respect to the state of aggregation, and we may call it a *vis formativa*. The fluid before homogeneous becomes a mixture in a physical sense: by allowing a particle of the trituration in question to fall in, a certain quantity of the same substance is separated in a solid form. We see here how an extremely minute impulse may produce transmutations which are disproportionally large, quantitatively considered. Theoretically considered, the smallest particle of the 8th Decimal trituration may be sufficient under certain circumstances to cause a correspondent change in masses as large as the earth if existing in the form of a supersaturated solution. The state of matter in which the simple touch of matter in a different state of aggregation, *i. e.*, a solid particle of the same substance suffices to transform matter into the solid state, Oswald calls *metastability*. This opens an interesting vista into the transmutations occurring in the inorganic world as well as in the world of life. In a similar

sense Oswald opines that the elements and combinations occurring on earth may be in a state of metastability with respect to living organism, so that they may by the *mere* touch (reception) come into such a state that they are transmuted into constituents of a living body whenever a homogeneous tissue comes into connection with them. This again is merely a theoretical expression for the absence of a *generatio æquivoca*.\*

Returning from this extended vista, let us consider as homœopathic physicians how these observations of Oswald may be of use in enlarging our views. First of all we recognize in them a progress in the quantitative recognition of our cause, in so far as the physical energy of the minimal has been scientifically investigated and established in a new domain, with a recognition and with the use at the same time of Hahnemann's method of comminution. In the second place, we have gained a new analogy for the relation of similars. We see that with respect to conformable substances those very energies are manifested which transmute the forms, so that from a very changeable, *i. e.*, metastabile state, there may be caused a new, solid state through impulse minimal, indeed, but directed very definitely in the direction of the *ὁρ*†, and this minute impulse may transform quantities of indefinitely great dimensions. This very fact points to a very weighty analogy. The results obtained when we give a homœopathic remedy appropriate to a certain case of disease are surely quite similar to the case in question. If the ingested, highly potentized drug has no affinity with the actual morbid cause, *i. e.*, if the natural effects of the two are not largely concordant, we do not see any exhibition of energy at all, just as little as Oswald obtained any result from dropping a crystal of natrum sulphate into a supersaturated solution of salol. But when the minutest crystal of salol capable of existing by itself falls into a supersaturated solution of salol, then we have the analogy of those cases of disease which have been treated with a higher potency of the remedy exactly agreeing with the symptoms. The *direction* of the energy ingested agrees exactly with the direction of the chemical morbid irritant and the *quantity* of the energy is quite a secondary matter as the slightest impulse operates in the direction called for according to the measure of the living reactionary and curative activity of the organism, but by no means according to the

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\* Spontaneous generation.

† Equal or same.

quantity of the drug ingested, since this serves only to give the direction independent of the quantity; just as in the crystals of Oswald which cause the reaction, it is only its existence in a condition of solid aggregation which is required, but not any particular dimension. Oswald *e. g.* made the observation and conclusion that salol, although demonstrably present in the 4th decimal, nevertheless there ceases to possess the properties of a *solid* substance. It is a matter of course that we homœopathic physicians will not identify Oswald's demonstrations as to the solid state of a body with the possibility or probability of the therapeutic action of remedies. The preservation of a certain *vis formativa* within the limits of certain dilutions is there dependent on its presence in a solid state; as is well known, *we* are independent of this state in our therapeutic experiences. It is quite possible that within our narrower limits the law: *Corpora non agunt nisi fluid\** has full force. The changes which after receiving homœopathic remedies we observe in the very changeable system of energy of a morbid organism consist surely in a mutation of the former state of energy and of its renewed establishment in physiological breadth and balance of forces. It is probable that for such a therapeutic solution a higher state of aggregation may be called for, but even in this state only the energies proceeding thence in a definite direction, changing the forms, need to be considered as active causes. The processes which may then be observed subjectively and objectively are: the restoration of states free from pain, the removal of other obstructions to the physiological action of forces, proceeding at an accelerated or otherwise striking enhanced ratio when compared with the processes of healing when left to nature alone, in so far as we have any data from which to judge.

The system of energies in a living organism is an incomparably more complicated matter than a chemical solution; nevertheless we may find certain natural laws and retractions which are common to both. When we consider the energies, it comes natural to view them both as systems of forces, and the changeable nature of supersaturated solutions increases the propriety of comparing the two; for as solutions are ready through their metastability to enter on the condition of solids in answer to a well-defined impulse so also the disturbed (morbid) organism tends back to a physiological mobility,† which may be viewed as

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\* "Bodies only act when fluid."

† German "Labilitæt."



metastability in certain oscillating breadths (see Grauvogl's Idea of Proportional Oscillation); the ingestion of homœopathic remedies, according to many observations, replaces the body, as it were, by jerks into this state. We need not and should not be astonished that in so highly complicated a system, the energies of whose separate parts under certain circumstances cause very remarkable vital phenomena striking to the senses, the change of condition caused by the homœopathic remedy frequently may appear as striking as the sudden crystallization of a supersaturated solution by means of the crystalline trace of Oswald; nor that the limit of the action of *our* remedies which, as before said, are not limited to the solid form of aggregation, extends way beyond the dilutions tested by Oswald. It is well known that the human organism itself is the most sensitive reagent, and *all* reagents must at last be perceived through some sensuous mediation, and thus through secondary reactions in the apparatus of our senses. These organic instruments are like a sensitive lever which magnifies small changes taking place outside of the organism, *i. e.*, in many cases these only become appreciable through the sensitiveness of the organic material. The almost infinitesimally minute energy which issues from the luminous plate of a lightworm, and of which only a small fraction enters the eye, would not produce an appreciable effect anywhere except through the mediating sensitive lever of the retina, fashioned to perceive undulations of ether of precisely so subtle a character. Thus we find in the machinery of organic life connecting points with various qualities and quantities of energy, and these render possible the curative action of small definitely directed medical forces, as they induce processes of solution and release, *i. e.*, indirect activities, activities which turn their objective side outward and thus become perceptible, while subjectively they affect the general feeling or man's consciousness. These are the objects of subtle, medical observation.

The experiments of Oswald offer many suggestive momenta for a scientific theory of homœopathic therapy. I am glad to say the fundamental features of the theory developed by me in former writings come forth rather confirmed by a comparison with Oswald's observations.

In fine, I would express a certain satisfaction that in the labors of Oswald the discoveries of Hahnemann occupy the honored position of useful work, exact in its physical aspect, and are valued as such. Thus once again some small fraction of the im-



portance of Homœopathy is protected on the field of general scientific life; *when* will the way be opened for the assimilation of the whole of these memorable works and discoveries? Answer: When the natural sciences shall have been enlarged and developed sufficiently in their views and their discoveries. Then at once will they be appreciated.

E. SCHLEGEL,  
*Practising Physician.*

*Tuebingen, September 26th, 1897.*

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### ARSENICUM IN INTERMITTENTS.

“ Arsenic is one of the most prominent agents of cure against intermittents. When the chills and fever are not distinctly developed, when they alternate, or commingle with each other, also, when the heat is burning, likewise disagreeable to the touch and attended by great agitation and almost inextinguishable thirst, *Arsenic* will exhibit its remedial efficiency. *Arsenic* demands a preference over all other remedies when the fever presents a form peculiarly characteristic of this remedy ; for example, when the pains or accidental symptoms already existing, but feebly developed, augment at the accession of the fever, or when they first appear and are succeeded by and unite with the fever, or when the fever is accompanied by symptoms which do not appertain to it, as lively anxiety, buzzing in the ears, twitching in the limbs, etc. *Arsenic* is not less efficient in those fevers where, immediately after the chill, an inclination to vomit or a bitter taste in the mouth is observed ; when the taste of aliments and drink is extinguished, without a constant continuance of a bitter or disagreeable taste in the mouth, which will not again develop itself for some time, except while eating, or shortly after ; where vertigo, nausea, trembling and sudden prostration of strength are manifested to the highest extent ; where patient drinks very frequently but very little at a time ; where perspiration does not supervene for some time after the heat, and also where it does not appear at all ; and where sensation and motion is impaired, attended with insupportable pains and the highest degree of anxiety.”—*Hartmann.*

## SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

[N. B.—The symptoms in brackets were taken down in the class-room and are not found in Dr. Lippe's work.]

*Phos.* Intermittent fever. Heat and perspiration at night, with faintness and ravenous hunger, which could not be satisfied by eating; afterwards chilliness, with chattering of teeth and external coldness; the chilliness was succeeded by internal heat, especially in the hands, while the external coldness continued.

*Phos.* Blood boils. (*Arnica* with pain as if bruised.) Fungus hæmatodes; small wounds bleed much. (Skin bleeds profusely from the least cut or touch; old sores break open and bleed easily.)

*Phos.* Polypus. (Bleeding. See also *Sanguin.*, *Merc. corr.* Uterine polypus, *Calc. c.* The *Calc. c.* polypus does not bleed, but has a mucous discharge, if any.)

*Phos.* Petechiæ. Red spots. (In measles and scarlet fever. Petechiæ in old persons, *Conium*.)

*Phos.* Head and face symptoms are relieved by cold air, but the cough and chest symptoms are aggravated.

*Phos.* Aggravation; in the evening, at night, especially before midnight (after midnight, *Ars.*); after breakfast; when alone (never wants to be alone); after eating something warm; when rising from a seat; from light; during a thunder storm; from change of weather; from singing; laughing; strong smells (the cough). (From eructations; on walking; from pressure; aggravated from rising from a seat, under *Rhus t.*, *Lycop.*, *Sulp.*, *Puls.* aggravated after perspiration and in a room filled with people—see *Conium*).

*Phos.* Amelioration; in the dark; while lying on right side; from rubbing; after sleeping except debility; after eating something cold. (After drink, especially wine; from dry weather; from touch, during twilight; from warmth, warm air).

*Phos.* Especially suitable for lean, slender, tall persons.

*Phos.* In a condition of great debility this person is much easier beneficially affected by *Phos.* being mesmerized before taking the remedy. (Especially in lung complaints, when the patient does not respond to *Phos.*, and it is surely the right remedy, and the person is near death—sinking rapidly—magnetize patient slightly and the remedy will act. This is true in non-action of other remedies).

*Phos.* Is an antidote to over doses of *Camphor*. (Give an emetic in *Phos.* poisoning, and then give *Nux v.*, *Coffea* or *Camphor*.)

*Phos.* Never give *Caust.* after *Phos.*, or vice versa.

*Phos. acid.* Perfect indifference (absent minded); silent sadness; indifference, thoughtlessness, stupidity; disinclination to talk. Even to answer a question (often seen in typhus).

*Phos. acid.* Bad effects from sexual excesses—loss of fluids. (See *China*.)

*Phos. acid.* Most of the pains are only felt during rest and are much ameliorated by motion. (*Rhus t.*)

*Platina.* Pride and over-estimation of oneself; looking down with haughtiness on others. (Too much self-esteem—*Palladium*.)

*Platina.* Illusion; everything around her is very small and everybody inferior to her in body and mind. Mania, with great pride; with fault finding; with unchaste talk; trembling and clonic spasms, caused by fright or from anger.

*Platina.* Sensation of coldness in the ears, with sensation of numbness extending to the cheeks and lips.

*Platina.* Purple, net-like appearance on the skin.

*Platina.* Constipation; after lead poisoning or while traveling; frequent urging, with expulsion of only small portions of fæces, with great straining.

*Platina.* Nymphomania; unnatural excitement of the sexual desire (*Sach.*) especially in lying-in women, with voluptuous tingling in the external and internal sexual organs. (Onanism and voluptuous desires in women—*origanum vulgare*. Br.)

*Platina.* Pressing down in the genitals during menstruation. (Extending from the groins through the hip to the back, and there the pain becomes fixed.)

*Platina.* Hysterical spasms, with full consciousness—at the dawn of day, morning. (Spasmodic yawning, speechless distortion of the eyes, and involuntary motion of corners of mouth and eyelids.)

*Platina.* (During intervals of spasms children lie on the back and seek to uncover legs; knees are drawn up to abdomen; face pale and sunken.)

*Platina.* The pains begin slightly, increase gradually and decrease in the same slow, gradual manner.

*Podophyllum pelt.* Important in dentition with morning diarrhoea.

*Podoph. pelt.* Prolapsus ani, with diarrhœa. Descent of rectum from a little exertion followed by stool, or by the discharge of thick, transparent mucus, sometimes mixed with blood.

*Podoph. pelt.* (Diarrhœa of infants; painless discharge of yellow water running down the legs and soiling the floor. Br.)

*Podoph. pelt.* Frequent nocturnal urination during pregnancy.

*Podoph. pelt.* In the earlier months of pregnancy she can only lie comfortably on the stomach.

*Psorinum.* Despair of recovery thinks to be very ill, and in great danger not to survive the sickness; hopelessness. (See *Calc.*, *Lach.*, *Ars.*)

*Psorinum.* Congestions of blood to the head, with red-hot cheeks and nose, redness of the eruption on the face, with great anxiety every afternoon after dinner (during pregnancy in fifth month). (The only remedy with this symptom.)

*Psorinum.* Great aversion to have the head uncovered, even in the hottest weather does he persist in wearing a fur cap.

*Psorinum.* Shortness of breath. Anxious dyspnœa with palpitation of the heart. The dyspnœa is worse when sitting up to write, better when lying down. Asthmatic attacks with hydrothorax.

*Psorinum.* Pain in the legs, especially on the tibia and in the soles of the feet, as from overexertion in walking, with great restlessness in the legs, better on rising (worse on first rising—*Rhus t.*).

*Psorinum.* Very weak from the last exertion. (See *Kali c.*, *Natr. mur.*, *Carbo. veg.*, *Ars.*) Great debility from loss of fluids or after severe acute diseases.

*Psorinum.* Sleeplessness at night, from dyspnœa; from intolerable itching

*Psorinum.* Perspiration profuse when taking the slightest exercise; at night. After typhus. Perspiration in the palms of the hands. (See *Sulp.*, especially if cold.)

*Psorinum.* Itching and stinging in skin in many parts at the same time. Intolerable itching from getting warm; in the evening in bed scratches himself until he bleeds. Suppressed itch. Herpes, with biting-itching, with meal dust, humid eruption. (See *Thuja.*)

*Psorinum.* Is an indispensable remedy if debility remains after violent acute diseases; if profuse perspirations remain after typhus fever; in consequences of suppressed itch, especially after large doses of *Sulphur*; if the patient is hopeless, despairing of his recovery.

*Psorinum.* Sitting aggravates the dyspnœa (asthma), and pain in the heart; these and other ailments are relieved while lying down.

**KALI NITRICUM (NITRUM) IN DIARRHŒA.**

By E. V. Ross, M. D.

November 20th, 1896, at 7 A. M., I was requested to visit Mrs. G., æt. 60, and found her suffering from an attack of diarrhœa which had been going on for past three days. She informed me that it was brought on from eating a small piece of veal three days previously. She had had one previous attack, caused as she believed from partaking of veal; this attack lasted some six weeks and brought her to a very low state, and she was fearful that this attack would be even more severe as it had so far presented a more violent character. With pencil in hand I jotted down the following: Stools frequent and profuse, as many as 20 in twenty-four hours. Stools watery, dark brown in color. Before stool rumbling and griping in the umbilical region. After stool great prostration. Concomitants: Loss of appetite, thirst, tongue clean, nausea, constant but more severe at times; feels weak. Modalities: Aggravation from eating veal. *Bell's Therapeutics of Diarrhœa, etc.*, gives but one remedy as having the peculiar aggravation from eating veal, viz; *Kali nitr.* Boenninghausen's *Therapeutic Pocket book* gives the following: *Ars.*, *Calc c.*, *Caust.*, *Chin.*, *Ip.*, *K. nit.*, *Nux v.*, *Sep.*, *Sul.*, *Verat a.*, *Zinc.*

My first thought was to give *Ipecac*, but after considering the symptoms of *Kali nitricum* as given in Dr. Bell's work I decided on the latter, giving two powders of *Kali nitr.* 3 m., (Jenichen) one hour apart and plenty of placebo to follow. Diet: "Scalded" milk.

November 21, 10 A. M.—Great improvement, stools gradually grew less during previous day. No stools during the night, sleeps quite soundly, feels quite well this A. M., but weak, appetite better, one quick natural movement this A. M.; she continued to improve and has upon three occasions since the last attack partaken of veal without any ill effects.

"Some persons always have diarrhœa after eating veal. The curability of such cases with *Kali nitr.* needs somewhat more confirmation, but no other remedy has had this symptom so well confirmed as yet."—Dr. Bell.

*Rochester, N. Y.*

## QUININE IN MALARIA.

There has of late been an intermittent controversy going on in some of our homœopathic exchanges on this subject, and, therefore, a few quotations from a paper by Hartman, published in 1834 on the use of *Cinchona* or *Quinine* in intermittent fevers may not be amiss. *Cinchona*, he says, "will only cure that form of intermittent fever which comprises some of the following symptoms: Absence of thirst during the shivering or chill, yet thirst between the chill and heat. However *Cinchona* is *not* a suitable remedy when there is *thirst* during the *heat*; for at the extent of its indication here there should be nothing more than a slight warmth or dryness of the lips, which it may be necessary to moisten, without the existence of absolute thirst. If there is thirst after the heat or during the perspiration the *Cinchona* is perfectly suitable. When an intermittent commences with an accessory symptom, as palpitation of the heart, anxiety, frequent sneezing, excessive thirst, canine appetite, pressing pain in the lower part of the abdomen, or pain in the head, we can depend on its yielding to a small dose of *Cinchona*. Also, when there is distension of the veins, with simple warmth in the head, or increased general warmth, or a simple sensation of heat without sensible exterior heat, or, finally, actual external warmth. If the blood determines to the head, ordinarily, with redness and heat of the face and frequently with coldness of the remainder of the body, likewise appreciable to the touch, or if there is an internal sensation of heat with coldness of the cheeks and cold perspiration on the forehead the *Cinchona* is equally beneficial."

The men of the year 1834 knew quite as well as the men of 1898 of the power of *Quinine* to suppress an intermittent without curing the patient and Hartman, at the end of his paper, says: "I shall next speak of intermittent fevers which have been changed by the abuse of *Cinchona* or Peruvian bark, suppressed by this agent, or complicated with symptoms which are peculiar to it. Thence arises a different morbid state which we shall designate under the name of Peruvian bark or *Quinine* *malady*, and which constitutes a peculiar kind of affection."

"The treatment of an intermittent fever thus complicated with Peruvian bark symptoms, or, in preference as to title, of a

Peruvian bark malady, for the primitive intermittent can scarcely offer any vestiges of its primitive purity, and cannot be combatted as such ; this treatment, I aver, demands the greatest circumspection on the part of the physician, since, almost always, in a similar case, the latent morbid principles in the body have been excited to their development and are equally associated with the artificial bark malady and primitive intermittent fever, thus giving origin to a triple complication. The principal indication for the cure of so difficult a malady always consists in destroying, or at least moderating, by appropriate agents, the accidental symptoms engendered by excessive and frequently repeated doses of Peruvian bark that we may have directly before us a pure image of our intermittent. The best method is to have recourse to the known antidotes of *Cinchona*, etc."

Commenting on this, Dr. A. Gerald Hull, who together with John F. Gray, M. D., was editor of *The American Journal of Homœopathia*, from whose pages the foregoing is quoted, says: "Since the introduction of Jesuit's bark into medical practice, for the treatment of intermittent fevers, perhaps there is no singledisease which the Allopathic physician has considered more under remedial control, although the annals of medicine have constantly developed the unsuccessful issue of his anticipations." Yet "Homœopathia" removes "simple intermittents with an efficacy similar to that noticed in the treatment of other complaints, generally combats the complicated forms of this disease more promptly and certainly than any other mode of practice, and never occasions one of the worst and most obstinate of diseases—an intermittent complicated with the effects of the medicine."

The italics are Dr. Hull's.

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## THERAPEUTIC GLEANINGS.

### Echinacea.

Dr. G. W. Homsher, of Camden, O., in the December number of *Medical Gleaner*, says: "In all diseases of the skin, and mucous membrane, *Echinacea* is the remedy. No drug will antagonize blood poison as rapidly and completely as *Echinacea*." His general prescription of the drug is "20 to 30 drops in a little cold water." He has also found it useful externally in cases of rhus poisoning, eczema and erysipelas; also *Echinacea* and *Hamamelis* extract as a spray, gargle or swab in diphtheria; and the same combination as an injection in gonorrhœa.

**Sabal Serrulata.**

In the same journal Dr. Joseph Adolphus, of South Atlanta, furnishes the following points on several remedies. Of *Saw palmetto*, or *Sabal serrulata* tincture; he says: "An old medical friend, practicing in South Carolina, near the coast, writes me that he frequently meets with old men who suffer severely from prostatic enlargement, chronic cystitis of a catarrhal nature. He regards this medicament as almost specific on the prostate, mammæ and ovary, and on the testicle and its appendages. He says the cause of so much complaint and disappointment with the use of the medicament is owing largely to unreliable preparations. Frequently fluid extract of *Saw palmetto* is made from the root of the tree, which is nearly valueless in these diseases. The dried berries, he believes, are nearly inert; yet large quantities are used by northern manufacturers to make fluid extract, because the fresh ones spoil when packed in large quantities for shipment."

**Stigmata Maydis.**

Of *Stigmata maydis* he says: "An old friend and pupil, Dr. J. T. Dodd, of Alabama, has told me that the fluid extract of corn silk usually found in country drug stores is unreliable. He insists that the tincture be made from the green silk in the way *Saw palmetto*, *Gelsemium* and *Passiflora incarnata* are made, by maceration; it is the only way, he thinks, in which a reliable preparation of the medicament can be obtained. Corn silk, when good, acts specifically on the urinary organs, in all forms of congestion of the kidneys, dysuria, excessive urination, chronic diseases of the kidneys and bladder, and, in my experience, it is the best diuretic and kidney tonic in all forms of Bright's disease, acute and chronic, because it is a pure sedative to the irritated parenchyma of the kidneys, and to the mucous membrane of the urethra and bladder."

**Staphysagria.**

Of this drug he says: "In some cases of irritable bladder in pregnant women, *Staphysagria* gives wonderfully satisfactory results, especially when the symptoms can be traced to disturbance in the nerve centres; neuralgic pains in various parts, especially in the pelvic organs, restlessness at night, hysterical excitement, and when the woman was troubled with dysmenorrhœa. The small dose is best to rely upon. Twenty drops in a



tumbler of water, teaspoonful at intervals of an hour or two. It is often as efficient in old men who suffer from irritable bladder and every now and then, retention."

### Salix Nigra.

This from *Chicago Medical Times*: "In acute gonorrhœa, with much erotic trouble, and in chordee with great irritation, gave from thirty to sixty drops of *Salix nigra* on retiring, repeating again at midnight or toward morning, if needed. Nothing gives more satisfaction than this remedy, as it robs the night of its terrors, and leaves no unpleasant consequences in its train. In excessive venereal desire, amounting to satyriasis, this should be the first remedy employed, inasmuch as it controls venereal appetite in a very satisfactory manner. The *Salix nigra* can be given in cases where the bromides are considered appropriate, and likewise where they would be inappropriate, since there is no reflex effect on the brain or nervous system."

By some physicians *Salix nigra aments*, the tincture of the bloom of the black willow is regarded as even superior to the *Salix nigra* tincture.

### Liatris Spicata.

Dr. G. W. Holmes, of Sharpee, Fla., in a letter to *Eclectic Medical Journal* says that twice during the past year *Liatris spicata* has given him good results in dropsy. In the first case the dropsy occurred as a result of enlargement of the liver and spleen due to malarial contamination. The second case was one in which numerous other remedies had totally failed, the kidneys declined to respond and almost total suppression was present. *Liatris* was prescribed and on the second day afterwards the patient had passed a gallon and a half of urine. In the same letter it is stated that *Sabal serrulata* gave prompt and permanent relief in agonizing dysuria from fatal cancerous disease of the uterus.

### Hydrocyanic Acid.

Dr. A. S. Ironsides, of Camden, N. J., contributes to the November *Homœopathic Physician* a verification of the *Hydrocyanic acid* symptom that upon swallowing liquids "they gurgle and roll audibly from œsophagus into the bowels." The case was that of a boy of four down with fever. "When swallowing a mouthful of water or spoonful of any liquid, it sounds like

water rolling into an empty barrel (the mother of the patient remarked this as strange). Sound commences just as soon as water enters œsophagus, and rolls on down into stomach and bowels." On this symptom *Hydrocyanic acid* was given and the case at once took a turn for the better and recovery followed.

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### SOME LACHESIS CASES.

By A. W. K. Choudhury, Calcutta, India.

(1) Patient, a female Mahomedan of 40 years, came to my dispensary (6-7-'97, afternoon) to be treated for *general œdema and puffiness*, from which she had been suffering for three days.

History and symptoms of the case were as follows: About a month ago she had fever for two days, which passed off without medicine. As the fever went off, itch gradually appeared on the lower extremities. She had used an external application—a certain oil—twice a day, for one day only, two days previous to her coming to my dispensary for treatment. The itch disappeared suddenly after the application the same day; the following night her face was bloated and was in this condition when she came under my treatment. Before the application she had itching as far up as the knees, but this now extended all over body except her back. Increased heaviness of body. For about two months previous she had been costive, passing daily one insufficient, small, knotty stool; her urine was reddish, hot and burning when passing. Last *menstruation scanty*, at about last full moon, with pain all over body and in the hypogastrium. Formication all over body save the back. Had *tenderness in left iliac region* after the last menses, but no such tenderness these three days; giddiness on standing after arising from a sitting posture; *red swelling of face; sleeplessness*.

She was given *Lachesis* 30th, one globule per dose, two doses, one dose per diem. On her first day of attendance *Khoi* and milk for diet were ordered. She was ordered to bathe daily as usual. The 8th inst. she came again to the dispensary and I found the swollen face and itching of the body decreased. She had suffered from pain and burning in her whole body before taking the medicine, but these were considerably diminished. On the 7th inst. she passed three stools. She was again given two doses more of *Lachesis* 30, as before. She is continuing the treatment, and has almost recovered. She now looks almost as well as she was before her attack.

*Remark:* This is a case of *general œdema* from suppression of itch eruption. She used the external application in the day time, afternoon and evening, and the itch eruptions almost all healed up as a result, but the following night œdema commenced. This suppression of eruptions, with tenderness about the left iliac region during the last menstruation, and other minor symptoms, as costiveness, itching and burning of body, etc., caused me to try *Lachesis*. Four successive doses were given and no more, getting placebo for the following days. On the fifth day of her treatment she complained of difficulty of breathing, especially at night when lying, and of œdema of the feet, while she was otherwise improving. Thinking these two symptoms might be an aggravation, I discontinued the medicine, substituting placebo every day. She has been improving with the discontinuance of the medicine.

*A practical hint* to beginners of homœopathic practice: Should cease to administer the medicine if an altogether new symptom appear or aggravation of any of the existing symptoms, or of all the symptoms, be witnessed.

This case is an example of *repercussion of skin diseases* producing dire and dangerous conditions, and how Homœopathy soothes such sad sufferings.

(2) The patient, a relation of mine, had been under my treatment during convalescence from an attack of remittent fever, complicated with an acute inflammation of liver, and was getting *Sulphur*, when all on a sudden, after a slight exposure, noticed a pain on the left side of his neck. The following morning (12-7-'97) I examined him and found his left tonsil inflamed, with difficulty of deglutition on the left side of throat, increased salivation, saliva stringy sometimes, external pain on the part, saliva with bad smell, carotid pulsation visible, fever increased, no stool, sticky mucus on the affected part, frequently to be brought by hawking; a sensation of a lump in the throat (left side), with attempts to swallow that were in vain; œdematous swelling of feet and increased urination.

*Treatment:* *Lachesis* 30th, one globule, a dose per diem, was given three days successively and a satisfactory amelioration of the throat symptoms, sound sleep and opening of the bowels followed, but I could not proceed with *Lachesis* on account of other symptoms compelling me to change the medicine to another better suiting the occasion.

*Remark:* *Lachesis* has an affinity for the left side of the throat, and so it was given in the above case. In narrating this case I am compelled to go out of limit to lay before the reader a condition of the house indicating *Lachesis* tendency of the patients. My patient has three brothers all living in the same house with him; for about a year or so his youngest brother had been suffering from a chronic abscess, of small size, on the left anterior side of his neck, and when he came under my treatment was very sensitive about neck to clothes; had also constipation, epistaxis and a few other symptoms indicating *Lachesis*. He was given that remedy and at once improvement followed; bowels moved regularly and the hyper-sensitiveness went off. The abscess was opened and cured with *Silicea*. Another (the third) brother of my patient had an abscess of the same size and character, though not chronic, on the left anterior side of neck. This patient did not use any medicine but only got his abscess opened by me.

I think *Lachesis* may have symptoms arising from some ill hygienic condition of the situation and structure of the residence.

(3) A case of acidity, with enlargement of liver. Patient, named Dabu Molla, a Mahomedan, aged about 50 years, came to my dispensary on the 28th of June, 1897, for the treatment of the above ailment.

The history and symptoms of the case were as follows: Was many times ill with intermittent fever before and during this long period of illness, the duration being ten or twelve years. No fever for about a fortnight before coming to me; vomits occasionally; has attacks of constipation and then follows pain in liver, which again is followed by vomitings; frequent discharge of urine by drops, but of small quantity, color reddish, passed with burning. Fistula in ano for the last twelve or fourteen years; had itching of hands and feet, both extensor and flexor surfaces, but no such itching since the present illness; vomiting, etc.; heartburn afternoon about 4 P. M. till 8 or 9 P. M.; eyes burn afternoon, heat from vertex of head; had scabies when twelve years old, which was healed by some external application; had ringworm when he was sixteen years old; inoculated, but not vaccinated; gonorrhœa in his twenty-fifth year; no gleet now; whitish discharge with latter part of micturition; eructation or downward passage of flatus relieves inflation of abdomen; sleeplessness; appetite dull; taste insipid; never had syphilis;

pain or pressure in epigastrium and right hypochondrium; spleen slightly enlarged; right side of abdomen tympanitic on percussion; œdema of feet, increasing before full or new moon; flatulent distension of abdomen; eructations loud; occasional bleeding from gums; bitter, bilious vomitings; gets fever occasionally, fever time being afternoon; vomiting time being morning. Has the fever if he takes acid, producing acidity and vomiting.

*Treatment:* *Lachesis* 30th, one globule a dose, two doses given, to be taken daily. Diet, rice and milk. Bathing allowed.

2-7-'97, 9:30, he came to dispensary and reported "no more acidity; no heartburn; pain in epigastrium less percussion; no eructation; no more vomiting; sleep better; appetite much improved; about half the sufferings disappeared. Another two doses were given and he appeared no more.

*Remark:* What an astonishing result produced by *Lachesis*. Besides other symptoms, "Gets fever if he takes acid"\* was especially the guiding symptom.

(4) Here in this case we see an old Mahomedan, an opium eater of sixty years, come under treatment for fever the 25th of June, 1897. His case goes as follows: Got fever the day previous to his coming for treatment, hence the type of the fever was not ascertained; the time of commencement was noon (12 o'clock day); stretching before chill, which was slight, with no thirst, with tightness of head, and lasting about two hours; then following slight heat with no thirst, and lasting for about an hour; enjoyed sleep both in chill and heat, no sweat; apyrexia complete; bowels not opened the day he came under treatment, but were open previously; during the paroxysm of fever he passed water involuntarily; appetite was rather good; the weather had been raining for several days. Patient, a thin man.

*Treatment:* A dose of *Lachesis* (one globule) was given to him, which restored him to his health. No more medicine was required.

*Remark:* This is a strange case. Patient got only one dose of the medicine and that restored him to health. *Time of accession of fever being noon; sleep in chill and sleep in heat of fever,† and*

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\*Dr. H. C. Allen has, in his "Therapeutics of Intermittent Fever," under *Lachesis*: "Cause—Especially useful when paroxysms of fever are sure to return after taking acids."

† Bönninghausen has, in his Homœopathic Therapia of Intermittent and Other Fevers, sleep in both chill and heat of fever as symptoms of *Lachesis*; but H. C. Allen, in his Therapeutics of Intermittent Fever, has sleep only in heat of fever of *Lachesis*.

*involuntary urination* made me select *Lachesis* for the present case.

*General Remarks:* (1) *General œdema and puffiness after suppression of eruption.* (2) *Left-sided tonsillitis.* (a) *Abscess on left anterior side of neck.* (3) *Acidity, with enlargement of liver.* (4) *Fever.*

Our first case shows vividly what wonderful power *Lachesis* has over ailments such as general œdema and puffiness produced after *suppression of eruption*, of course when totality of the symptoms indicate it. Her œdema and puffiness was so very great that I could not recognize her when she first came to my dispensary, notwithstanding her appearance had been well known to me, she being a neighbor of mine. Her recovery under *Lachesis* was all very satisfactory to me.

This is the only case of general œdema and puffiness that I have tried *Lachesis* in. As far as I remember, without consulting my case-books, I have treated many such cases, but mostly with *Sulphur*. *Sulphur* never pleased me so with its efficiency in removing the ill-humor produced by suppression of eruption, and with its rapidity of action, as did *Lachesis* in this case. In many cases *Sulphur* produced no good effect, whereas other patients derived benefit slowly from the use of *Sulphur*.

The second is a tonsillitis case. The location of the inflammation being on the *left side of throat*, with some other well-marked symptoms as mentioned above, I was tempted to try *Lachesis*. *Lachesis* did not prove to be curative in this case, as the constitution of the patient had been broken down with some other diseases which were still continuing when he received the medicine. *Lachesis* did its portion satisfactorily to ameliorate the suffering.

The next is an abscess case. The abscess was situated on the *left side* of the anterior part of the patient's neck, with a well-marked *hyper-sensitiveness, disallowing contact of clothes*, with other symptoms, as constipation, epistaxis, etc. *Lachesis* in this case removed the hyper-sensitiveness, caused a slight subsidence of the swelling of the abscess, the skin over which shriveled to cause desquamation there, and opened the bowels, the epistaxis gradually disappearing.

The following is third case of the series: It is a case of *acidity*, with enlargement of liver. In this I was more for *Sulphur* than *Lachesis*, till I came to learn the peculiar symptom of his fever that whenever he takes anything acid he gets the

fever. The patient did not appear any more after the second time, when he admitted the wonderful efficacy of the medicine he used. I am sorry that I cannot report the final result because of his discontinuance of attendance.

The last case is a case of fever. I could not get him to make out the type of the fever, as the patient came under treatment on the second day of his illness. Most probably it was intermittent fever, as I saw the patient in apyrexia. One dose (a globule) was sufficient to restore him to health.

In treating intermittent fevers homœopathically there are various difficulties, and experience is the only means to overcome those. The profession has already some valuable works at command to aid in the treatment of intermittent fevers; but none seems to me to be an outcome of experience, as none treats what the difficulties are and how to meet them. By this I don't pretend to say that these authors on intermittent fever have had no experience in its treatment. H. C. Allen and Boenninghausen are good collectors of symptoms, and the former a praiseworthy arrangement maker. Allen is more practical than Boenninghausen. I don't know how Douglass and Lord did in their works. Dr. H. C. Allen, I see, has once explained how to meet one specified difficulty in treating intermittent fevers homœopathically. We see under *Ipecac*, in his well-known work, how he meets a difficulty where a messenger comes from a far-distant place "for some medicine for ague." He (Dr. Allen) gets no information of the peculiarities of the case, but prescribes *Ipecac* rather than a dose of *Quinine*, considering "*Ipecac* covers a much larger range of symptoms than *Quinine*." Well following the advice of Jahr, and I think with a better prospect for the patient. But this is no homœopathic treatment, however; he teaches here how to meet this sort of difficulty. This is truly an outcome of an experience.

In the last case there was the difficulty that there did not appear any type of fever, the patient coming under treatment on the second day of his illness. In treating intermittent fevers we need know the *type, time, prodrome, chill, heat, sweat, apyrexia, and other symptoms of the different regions of the body* and, if we be so chanced as not to get information of any one or more of these symptoms our case admits a comparative difficulty in its treatment. A thorough study of the patient is a sure guide to success.



## BOOK NOTICES.

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**A Clinical Text-book of Surgical Diagnosis and Treatment for Practitioners and Students of Surgery and Medicine.** By J. W. Macdonald, M. D., Graduate in Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and Clinical Surgery in Hamline University, Minneapolis. With 328 Illustrations. 798 pages. 8vo. Cloth, \$5.00; Half Morocco, \$6.00. Philadelphia. W. B. Saunders. 1898.

This superb volume is confined to answering practical surgical questions, "What is the disease or injury" and "What is the proper treatment?" It is practical from cover to cover, and we cannot see how it can fail, being one of the most successful surgical works of the day.

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**Diseases of the Eye.** By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon at St. Thomas' Hospital, London; Surgeon to the Royal London (Moorfields) Ophthalmic Hospital. Revised and Edited by W. T. Holmes Spicer, M. A., M. B., F. R. C. S., Ophthalmic Surgeon to the Metropolitan Hospital and to the Victoria Hospital for Children. Fifth American from the sixth English edition. With a supplement on Color Blindness by William Thomson, M. D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. Handsome 12mo. of 521 pages, with 2 colored plates and 161 engravings. Cloth, \$2.25. Lea Brothers & Co. Philadelphia and New York. 1897.

A work that has passed through six editions in England and five in the United States may certainly be regarded as a meritorious one. The supplement by William Thomson, M. D., on the subject of examination for color blindness makes the book almost indispensable to railroad surgeons. The two elegant colored plates in the book belong to this part.

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FROM Messrs. Otis Clapp & Son comes a twelve page pamphlet, with cover, "Obligations of the Physician" by John Pren-



tice Rand, M. D. "Annual oration delivered before the Massachusetts Homœopathic Medical Society, October 13, 1897." Its sentiments are high, noble and timely.

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THE new American edition of Clarke's *Prescriber*, revised and augmented, will be a welcome volume to many homœopathic prescribers, especially to beginners in the science. It is a book that can be carried in the pocket, yet in which can be found a good prescription for nearly all diseases.

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ALL lovers of good books speak in terms of the highest praise of Bradford's *Pioneers of Homœopathy*. As a work of historical reference its value is incalculable, as the author has gathered from all sources everything known of homœopathic physicians and pioneers in all parts of the world. Everyone who can afford the luxury of book buying should have this one on his library shelves. The edition is limited to 500 copies.

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THE second edition of Wood's *Gynecology* will be out, it is hoped, in January. It will be a much more elaborate work than the first edition, with larger pages, an immense amount of new matter added, new illustrations, and a large number of plates, many of them in color. It is safe to say that the new work will be *the* work on gynecology for several years to come, and deservedly so, for the author has put an immense amount of thoroughly conscientious work into the new volume. It will also be the handsomest book ever issued from the homœopathic press.

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"It is interesting to note that the most striking points of difference between the various remedies, the symptoms which serve most readily to distinguish them, are the ones which the improvers of the materia medica would remove by elimination. It is the odd, trifling, peculiar symptoms of a remedy which are the most distinctive."—*From Hom. Jour. of Obstetrics' review of Gross's Comparative Materia Medica.*

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MESSRS. BOERICKE & TAFEL have placed in their compositor's hands a work by Dr. E. B. Nash, of Cortland, N. Y., entitled *Leaders in Homœopathic Therapeutics*, that will, when published, attract considerable attention. As Dr. Nash is one of our old-time and orthodox homœopaths, and as his book is almost exclusively composed of that which he has verified in his practice, its nature and trend will be seen and appreciated. We doubt if there is a physician in practice to day who could not find in its pages much that is at once new and valuable to him.

# Homœopathic Recorder.

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WITH this number the HOMŒOPATHIC RECORDER enters on its thirteenth year and volume, and in commemoration of this event a copy is mailed to every English speaking homœopathic physician in the world whose name and address we can obtain. The object, of course, in mailing these sample copies is to obtain new subscribers. The journal's subscription list to-day, we have reason to believe, is as large, and, it may be, larger than that of any other homœopathic medical journal, but in this respect editors and publishers are never satisfied, and like little Oliver ask for "more." The price of the HOMŒOPATHIC RECORDER for one year is \$1.00. It is published monthly and you will find it a clean, liberal, sound *homœopathic* journal, cosmopolitan in character, giving all a hearing, but excluding personalities, whose monthly visits will more than repay the subscription price. Try the RECORDER for a year. Address subscription to the publishers, Boericke & Tafel, 1011 Arch street, Philadelphia, or to any of their pharmacies.

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THE RECORDER for March, 1897, contained a very useful hint on the use of *Thuja*  $\theta$  in five to seven drop doses to control seminal emissions. It was given to us verbally by Dr. C. W. Roberts, of Scranton, Pa., who said he had not time to write it out, and faithfully reported. In brief the treatment is: Not less than five, nor more than seven drops of the mother tincture of *Thuja*, twice a day, will give relief in every case of excessive seminal emissions. The reason for recalling this, which attracted a great deal of attention, is to be found in the following which we clip from the *Medical Age* for December 10:

*Thuja*.—Thuja, in doses of from five to seven drops, is the best remedy to control seminal emissions that I ever tried. A remedy that will control excessive seminal emissions without injury to the patient is a welcome addition to the medical armamentarium, and thuja is worthy of a trial for this honor.—ROBERTS, in *Medical Summary*.

The Indian does not possess more skill in throwing pursuers off his trail than does the average medical journal editor in hiding the source of his scissored matter.

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## OBITUARY.

### Kuechler.

At his residence on the corner of First and Monroe streets, Springfield, Ill., Friday, December 10, 1897, at 12:15 P. M., of dropsy, Dr. Carl Ferdinand Kuechler, aged 75 years, 5 months and 18 days.

The deceased was born in Lanchstaedt, near Halle, Germany, June 17, 1822. He received his first instruction in the teaching of the immortal Hahnemann in the city of Berlin, Prussia, where, while a student in 1844, he became acquainted with Prof. J. Pantillon, first homœopathic physician of that city. In November, 1845, Dr. Kuechler left Berlin for Bremerhaven, and the same month embarked for America in the ill fated ship Pacific. When three days out at sea the ship became wrecked and the deceased lost everything except his dressing gown and slippers, which he wore. He again returned to Bremerhaven and then commenced the practice of medicine. In July, 1846, he again sailed for America and arrived in New York after a voyage of forty-six days. A month afterward he removed to Springfield, and was at that time the only homœopathic physician between Chicago and St. Louis, and but one person in Springfield knew anything of Homœopathy. His practice became so large that he was compelled to take an associate. He invited Dr. B. Cyriax, now of Cleveland, O.

In 1848 he was wedded to Miss Meta Fisher, of Bremen, in the Baptist church of this city, this being the first church marriage ever celebrated in Springfield. In 1868, after so many years of deep devotion to his work, he became ill and returned to the fatherland for a brief recuperation. While there he met

great favor with Fraulein Hahnemann, the only surviving daughter of the great reformer, and she presented Dr. Kuechler with a lock of the great master's silvery hair, which the deceased valued as one of his choicest treasures to his dying day. After his first wife's death he was married a second time in Kansas City to Miss Fannie Wiley, May 7, 1879.

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THE following from the *Hahnemannian Monthly* is worthy of careful perusal, for what man is there who can deny the tremendous power that must lie in the rule, *Similia Similibus Curantur*, when he contemplates the fruits, and who cannot foresee that if the rule is ignored the result will be as it was with Sampson when shorn of his locks—an easy prey for the Philistines. The *Hahnemannian* says:

“No one is more willing to recognize the immense good that has resulted from this enlargement of the curricula, viewed from the standpoint of general medical education; but when called upon to decide the question of the benefit to Homœopathy and its development by exactly such changes, we hesitate. There can be no doubt that through the State medical examinations the homœopathic graduates, who have passed them, stand before the law and the public as the peers, in medical knowledge, of their colleagues of the school hitherto known as the ‘regular,’ and we believe they are. Hereby, no doubt, the name of Homœopathy has been elevated, and its adoption by a larger clientele furthered—but has there been a corresponding inner growth? Has this widened scientific knowledge on the part of its students, been devoted to the establishing more firmly the foundation of Homœopathy and developing its principle? We sadly confess that the evidences of this are not marked. We recognize such efforts on the part of older physicians to whom experience has brought a realization of the value of such knowledge, which was not within their reach when students; but among the majority of the younger members of the profession a condescending tolerance of Homœopathy, as in some case of some benefit, has taken the place of the just as illogical and unfortunate faith in its universal applicability of thirty years ago. Had we the faith and enthusiasm of those times, coupled with the science of the present, Homœopathy would be invincible. These are not incompatible. If Homœopathy be true at all, it

must be willing and able to stand the investigation of science, or vanish. A 'higher criticism' is here, even more than in theology, demanded by the spirit of the age."

"Incalculable injury has been done to the advancement of Homœopathy by the unreasoning adoration (we can think of no other word) of Hahnemann and his every word. A reaction was sure to come, and in its coming it has too often, alas! brought with it a belittling of his attainments, and his writings, while still considered by some as almost inspired, are by others set down as the vagaries of an enthusiast. No better work has been done in counteracting this latter tendency than by Bradford, in presenting a *Life of Hahnemann* in which is brought out all that he really was. The author has given us in it a 'proving' of Hahnemann, that bitter pill which the old school has been so long attempting to annihilate because it could not swallow. In the light of his life, Hahnemannianism and its relation to Homœopathy become intelligible. Let this relation be brought out in our colleges; let the students be shown what Homœopathy is, and what Hahnemann thought of it, and how he came to think as he did. They will then be in a better condition to attempt to separate the wheat from the chaff, and to recognize the limits of their allowable criticism—and perhaps learn modesty. The immediate results of the knife, of the hypodermic and antitoxin syringes, are so much more dazzling than those reached with far more mental effort by attempted homœopathic treatment, that it is no wonder that in this spectacular age the young graduate is blinded."

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### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

This is the oldest medical society in America. It issues a volume of proceedings that is a Klondyke of medical wealth. It issues a certificate of membership that equals a diploma—it is, in fact, a certificate that the possessor stands among "the leading physicians." The Institute "bronze button" is an insignia of rank. Every reader of the RECORDER, who is eligible, should be a member of this ancient and honorable society.

For further information address Thomas C. Duncan, M. D., Ph. D., LL.D., Chairman, Board of Censors, Chicago; or E. H. Porter, M. A., M. D., 181 West Seventy-third street, New York, Secretary.

# PERSONAL.

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A Happy New Year !

Hale's new work, *Saw Palmetto*, 96 pages; cloth, 50 cents; by mail, 55 cents; is just out, Boericke & Tafel, publishers.

Go west—to the next institute meeting.

Dr. H. B. Esmond has removed from Madison to Norway, Me.

The *Denver Medical Times* mentions Dr. Wm. Murrell "who introduced" *nitroglycerine*. Has the *Times* never heard of one, Constantine Hering?

Dr. G. H. Lemoine says that twenty or thirty drops of the oil of *Gaultheria* bound on the part affected by acute rheumatism quickly relieves the intense pains.

Ten thousand times ten thousand has it been written : keep the bowels regular ! but how it shall be done no man knoweth, though many sayeth.

Who can answer Pilate's question ?

Vegetarians claim that vegetarianism "is the ethical corollary of evolution."

"We point with pride to the fact that not a single fatality has ever been attributed to the use of our serum," says a recent trade circular.

"The Light that Failed" paid handsome dividends notwithstanding.

Everyone says that Biddle's "Questions and Answers Concerning Homœopathy" is the best thing for the general public ever printed. \$3.00 per hundred or \$4.00 for two hundred.

Now is the time to subscribe for the HOMŒOPATHIC RECORDER—one dollar a year—worth it.

Dr. S. N. Watson has removed from Iowa City, Ia., to Chillicothe, O.

B. & T. say that their "News Letter" in 1898 will not be published monthly, but often enough not to be forgotten.

**NOTICE.** A first class location for a homœopathic physician. Present incumbent going to retire. For particulars address with stamp, Dr. C. M. Wheeler, Oswego, N. Y.

The actor's work is all play.

Man rarely complains because the sermon is too short.

Some pharmacists are using a tincture of the roots and bark of the plant for supplying *cratægus oxyacantha*. Queer fish, these.

There are so many ways and means of getting well that it is a little surprising that there are any sick ones left.

Hahnemann's *Chronic Diseases*, is now offered by the publishers in two volumes, half morocco, \$11.00.

When a man has a bad cold he is apt to lose faith in medicine.

If you want readers "everywhere" send it to the RECORDER.

If hell is paved with good intentions, what is done with bad intentions?

Dr. Heysinger's paper in this number of the RECORDER is calculated to arouse thought.

Raue's *Special Pathology and Therapeutics* is the best practice for the homœopathic physician. 4th edition out.

Is not the straw hat and its accompaniments better than the ulster and overshoes?

For a pocket companion Custis' *Practice* beats them all.

Every member of the alumni of "old Hahnemann," Philadelphia, should subscribe for a copy of its History by Bradford, now in press.

Bound volumes RECORDER, 1897, \$1.25.

# THE HOMŒOPATHIC RECORDER.

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No. 2.

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## ON A CUSTOM OF THE DRUIDS.

“Science and Art are twins, but it is Art that bears the blue ribbon at its wrist.”

The old doctor, having delivered himself of this *dictum*, knocked the ashes from his pipe preparatory to reloading it; the young doctor pondered. He knew it were unwise to ask the old doctor to explain his jokes (no one likes that, and least of all the old doctor); he felt sure there was something in it, but he dared not ask what, for the old doctor did not believe in that heathen hospitality which masticates the food for a guest.

The old doctor was now smoking with the silent satisfaction that only Charles Lamb's “Great Plant” affords; the young doctor had cogitated, and he soon saw that science and art are indeed twins; just a little delay in the delivery. How clear it was. Art is the first to “get there;” science lingers, and the blue ribbon is tied to the wrist that first reached out for it.

Primo-geniture does not mean either *first* made or *first* born. Fate begins her pranks with us before we have drawn our first breath. The breaking of the waters may afford the flood that sweeps one into fortune. The impetuous tide bears the tiny hand through the sluice-gate that leads to life; and where a title and a proud estate descend to the first-born that little hand, as if grasping for these, must be marked with a ribbon. Then is the fate of the laggard sealed; in the sequel, its cry may first salute the mother's ear and fill her heart with joy that a man child is born, but wanting the blue ribbon at its wrist, title and estate fall to the wearer of it.

“Better fifty years of Europe than a cycle of Cathay,” sings the poet — but do they squabble for titles and estates, even *in utero*, in Cathay?

“I was thinking,” said the old doctor, “of a custom of the

Druids. They did not gather the sacred mistletoe unless at the propitious time. But, get me the old translation of Pliny's 'Natural History' — Philemon Holland's: Peace to his ashes!"

The great tome, wearing its original leather cover (now browned and darkened like cathedral oak) and bearing on its title-page, "London: *Printed by Adam Islip.* 1634," was opened by the old doctor, reverently, as if he were performing some religious rite. "1634; I was born in 1834; it is now 1898: Two hundred and sixty-four years old; sound yet, and good for as many more centuries. Ah, men were honest then; no 'pulp paper' to crumble into dust almost as soon as will the scurvy knave that dishonors Caxton's calling by using it! But here is Pliny's account of '*The age of trees: what kind of trees they be that are of least continuance. Semblably, of Misselto, and the Priests called Druidæ.*' Van my boy, do you read; my incisors were sacrificed to Saturn some time since, and the solitary canines, standing like the Pillars of Hercules at Speech's sallyport, make merry with my pronunciation. The three legged man of Œdipus did not provoke the gods with mumblings and whistlings whilst he strove to speak his pious orison!"

Whereupon the young doctor read:

"The Druidæ (for so they call their Divinors, Wisemen, and the state of their Clergy) esteeme nothing more sacred in the world than Misselto, and the tree wherupon it breeds, so it be an Oke. Now this you must take by the way, These priests or Clergymen chose of purpose such groves for their divine service as stood only upon Okes; nay, they solemnize no sacrifice, nor perform any sacred ceremonies without branches and leaves thereof, so as they may seem well enough to be named thereupon Dryidæ in Greek, which signifieth as much as the Oke priests. Certes, to say a truth, whatsoever they find growing upon that tree over and besides the own fruit, be it Misselto or anything else, they esteem it as gift sent from heaven and a sure sign by which that very god whom they serve giveth them to understand that he hath chosen that peculiar tree. And no marvel, for in very deed Misselto is passing geason and hard to be found upon the oke; but when they meet with it, they gather it very devoutly and with many ceremonies: for first and foremost, they observe principally that the Moon be just six daies old (for upon that day they begin their months and new yeares, yea, and their several ages, which have their revolutions every thirty yeares) because she is thought then to be of great power



and force sufficient, and is not yet come to her halfe light and the end of her first quarter. They call it in their language All-Heale (for they have an opinion of it, that it cureth all maladies whatsoever), and when they are about to gather it, after they have well and duly prepared their sacrifices and festival cheare under the said tree, they bring thither two young bullocks milk white, such as never drew in yoke at plough or wain, and whose heads were then and not before bound by the horn: which done, the priest, arraied in a surplesse or white vesture, climbeth up into the tree, and with a golden hooke or bill cutteth it off, and they below receive it in a white, soldier's cassock or coat of armes: then fall they to kill the beasts aforesaid for sacrifice, mumbling many oraisons, and praying devoutly that it would please God to blesse this gift of his to the good and benefit of all those to whom he had vouchsafed to give it.

"Now this persuasion they have of Misselto thus gathered: that what living creatures soever (otherwise barren) do drink of it, will presently become fruitful thereupon: also that it is a sovereign countrepoison of singular remedie against all vermine. So vain and superstitious are many nations in the world, and oftentimes in such frivolous and foolish things as these."

"Little thanks to *C. Plinius Secundus* for his sneer!" said the old doctor, emitting a cloud of tobacco smoke that would make *Plinius Secundus* imagine Vesuvius 'opening up on him' again. "There is n't such a storehouse of superstitions in literature as that same 'Naturall Historie' of his, and a Roman pot should n't call a Drudical kettle black."

"But, Doctor," asked the young doctor, "don't you think Pliny simply exemplified that pride which a nation having a literature feels when comparing itself with one that is without?"

"To call a nation *Barbarians* does not make them so." (The old doctor spake somewhat snappishly, for his lineage is of the line that links with the Druidæ in those long-lapsed centuries. Nothing pleases him more than to bait a Bostonian who claims the New World because he can trace his ancestral line to a stow-away in the steerage of the Mayflower.) "The Druids had a literature as much as the Elusinians. It was preserved in the same manner and transmitted by the same means (memory and oral communication) when the recipient had been long proven fitting and worthy. The Druid had his alphabet, and his was not a Phœnician device. It was derived from three straight

lines — the symbol of the Omnipotent, Uncreated, Eternal, One whose sacred name a Druid never uttered. The Druid gave to Pythagoras that which the Hebrew Bible did not convey: the doctrine of Immortality. In the sore travail of his soul the stricken one of Uz groaned, "If a man die shall he live again?" and there was none to resolve him. The Druid made Immortality the one factor that could not be eliminated from the problem of Life without debasing the value and meaning of every other element in that solemn equation.

"To the Druid the mistleto was a symbol of the highest meaning to Man: *it could not exist without the tree and yet it was a separate individuality*; so is man dependent upon God and yet separate."

\*       \*       \*       \*       \*       \*       \*

There much else said that need not be reported here, but soon the conversation took an entirely different trend, for the younger doctor had asked his senior what he thought of the druidical custom of gathering the mistleto at a particular stage of the moon,

"Did you note carefully Holland's quaint language?" asked the old doctor. "They observe, principally, that the moon be just six days, because she is thought then to be of great power and force sufficient, *and is not yet come to her halfe light* and the end of her first quarter." That "halfe light" is significant, to say the least; significant because of our ignorance. The reading of Hunt's remarkable book\* will lead one to invest the Divine command, *Fiat Lux*, with a mystery that science may not solve. Who shall say that the actinic, the illuminating and heating properties comprise all that there is in Light?"

The old doctor laid down his pipe and went to the library from which he soon returned bearing an armful of books. "I am not particularly taken with the latter-day methods of making medical graduates," said he, "though I may be all wrong in my objections. It seems to me, however, that the microscope and its revelations constitute the *summum bonum* to-day. An undergraduate paralyzed me only yesterday with a mouthful of sesquipedalian slang learned in the 'Biological Laboratory' of the *Pordegenesian University*. He certainly had long names for small things, and he made me feel that I had lived in vain; but when he declared that a thermometer and an hypodermic syringe

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\*" *Researches on Light.*"

were all that the 'scientific' physician needed for practice, I was obliged to acknowledge that I was 'not in it' at all.

"Where is the wide and all-including reading that distinguished the old-fashioned doctors? Where the knowledge they had of the History of Medicine? Where the reading of Hippocrates, of Galen, of Celsus, of Sydenham, of the worthies who shine as fixed stars in the firmament? Compared to one of these, your modern discoverer of mare's-nests is as a bacillus to a bull.

"But, let us return to the matter which led me to get these books, *the influence of the moon on the mistleto*, according to the druidical belief. This 'influence' is, doubtless, more than a mere 'superstition,' as Pliny terms it. He certainly forgot that in his own 'Historie' he cites beliefs countenancing the same influence upon trees; it being held that the quality of the timber depended upon the lunar phase during which the tree was felled. He knew, too, that the Emperor Tiberius had his hair cut only when the change of the moon was favorable, and that M. Varro (in the treatise that Thoreau liked to read) recommends all who would avoid baldness to have the hair cut only when the moon is at the full.

"These books will teach you what medical writers have thought about the influence of the moon upon the human body. Read this one first: "Millengen's *Curiosities of Medical Experience*." It is a book that I especially commend to the liberal physician for the sake of the chapter entitled, "Of the Homœopathic Doctrines." It displays a degree of liberality that is very unusual in medical writers. I think I shall try and get the HOMŒOPATHIC RECORDER to reprint it some day. However, here is a copy of the second edition, and at page 73 begins a chapter, "*Lunar Influence on Human Life and Diseases*," and at page 482 you will find another on "*Solar Influence*." The reading of these will whet your appetite for fuller information. Then take this — the second edition; the first was written in Latin and published some thirty-nine years previously — '*A Treatise Concerning the Influence of the Sun and Moon upon Human Bodies, and the Diseases Thereby Produced*. By Richard Mead, Fellow of the Royal Colleges at London and Edinburgh, and of the Royal Society, and Physician to His Majesty (George the Second.)

"It was published yet again in the quarto edition of Mead's Works, 1762; and I hope you may see this edition just for the mezzotint of the fat doctor that smirks at you with such oleagi-

nous smugness. Oh, such a be-wigged, be-frilled, be ruffled and be-gowned pomposity; and to think that in his old age he took dancing lessons to please a daughter of the devil who had clean bewitched him!

“Twenty-eight years later a Scotch physician, who had seen service in India, published ‘*A Treatise on Putrid Intestinal Remitting Fevers; in which the Laws of the Febrile State and Sol-Lunar Influences are Investigated.*’ By Francis Balfour, M. D. Edinburgh: 1790.’

‘*A Collection of Treatises on the Effects of Sol-Lunar in Fevers,*’ was published at Cupar in 1811, and yet a third edition (that in your hand) in 1815.

“In fact, the first treatise was published at Calcutta in 1784, and of it there are virtually four editions; so, you see, Dr. Balfour stuck to his text for some thirty-one years. The following excerpt from the Fourth Treatise is sufficient for the purpose in hand. The postulates are derived from the observations of some seventy physicians in the service of the Honorable East India Company:

“1. That the paroxysms of fevers shew themselves in a greater degree of violence about the full and change of the moon (that is to say, about three days and a half before and after, including at each period a space of about seven days), than during the interval of these periods.

“3. That some remarkable abatement in the violence of the paroxysms never fails to take place upon the expiration of the periods of full and change.

“I think you will find such literature more fructifying, in every sense, than the triangulation of any number of microscopical mare’s-nests, or ‘cultures,’ as I believe they are politely called.”

Perhaps the old doctor thought he had earned an extra pipeful of tobacco; at all events he took it, and from behind a dense blue cloud he resumed:

“That does not bear upon the druidical custom in gathering the mistleto, but this does,” and he proceeded to read from a fifty-year-old volume of the “*American Journal of Pharmacy.*” (April, 1847. P. 20.)

“*The age of the moon also is another circumstance which demands consideration in connection with the season of the year; since whatever sceptics, whose range of observation has been confined within the limits of the temperate zones, may think, all who have a bracti-*

*cal acquaintance with the perennial vegetation of the tropics are fully aware of the powerful influence which the lunar phases, in conjunction with the solar heat, exert over the circulation of the sap."*

"That is significant testimony; and, in fact, I commend the whole paper from which it is taken to your earnest consideration. It is '*On the Properties of the Asclepias curassavica, or Bastard Ipecacuanha*' — a remedy that some of our homœopathic pharmacists should take hold of. Dr. Hamilton writes: 'The uncertainty which attends the emetic operation of this plant arises most probably *from inattention to the proper season of gathering it; a similar uncertainty attending all the more active articles comprising our Materia Medica, which are derived from the vegetable kingdom;* of which the *Piscidia erythrina* in the West Indies, and the *Digitalis purpurea* and *Colchicum autumnale* in Europe furnish familiar examples.' To the examples mentioned by Dr. Hamilton I would add *Conium maculatum*, and *Æthusa cynapium*. These certainly vary in quality according to the character of the season and even when the quality of the soil in which they have grown is the same. This consideration throws some light upon the negative results of Professor Harley's experiments with *Æthusa cynapium*: he deems it innocuous; but our clinical testimony flatly and forcibly contradicts his conclusion.

"It is well known that certain years are famous for the quality of the wines grown therein, and science is striving to connect the fact with those conditions of the solar photosphere that occasion the 'sun spots.' If variations in the solar energy affect the grapevine, why not the whole vegetable kingdom; the drug as well as the delicacy?"

The old doctor blew the ashes from his pipe and seemed to be deeply meditating.

"Van, my boy, the poet says,

'An honest man's the noblest work of God.'

If the poet had to practice medicine for a living (as some of them have tried to do), he would soon find himself saying, "An honest pharmacist's the rarest work of God," because it seems as if the devil manufactures the most of them. Do you recall Tennyson's scathing stroke at the villainous apothecary,

'Pestling a poisoned poison behind his crimson lights.'

"You may be graduated with the highest honors of your class; you may burn the sacred oil of the scholar until the stars pale

in the morning light, but, at the bedside, all your toil shall be mocked, your yearning endeavor frustrated, by a rascally pharmacist. Paul may plant and Apollo water, but the devil's own druggist shall defeat the science that *knows* and the art that vainly strives to *do*.

"We have these vermin to avoid. It is easily done if the physician is not one of the same species. Their shibboleth is, 'Cheap medicines.' Show them the door, my boy; a cheap pharmacist is the devil's choicest adulteration.

"Hadn't you better look up the literature of the Mistleto during your next vacation? Good night!"

S. A. J.

*1st of Jan'y, 1898.*

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## ARSENICAL NEURITIS.

By W. Smith, M. D., Cincinnati, Ohio.

Fred. R., aged 54, chairmaker, residing in a boat-house. Drinks very little; of fairly good habits; nationality, German. In good health. First seen at my clinic on December 20th, 1897. States that about three months ago, mistaking rat poison, which the druggist said contained *Asenic*, for baking soda, he took a small teaspoonful. The immediate results were fainting, prostration, thirst and severe vomiting, which lasted for three days. A few days after these severe symptoms had subsided he noticed a tingling and prickling in the finger tips and feet, which has been increasing.

When I first saw him, three months after he had taken the poison, he complained of heavy pains in the lumbar region; frequent urination, sometimes scanty, at other times as much as a half pint at each passage; urine occasionally burnt; tingling and numbness in fingers and soles of feet. He felt as if his boots were full of water, and at times as if something crawled from the knees to the toes. Examination of urine revealed nothing abnormal.

*Physical Examination:* Knee-jerk entirely absent. Muscles of arms and legs flabby. Emaciation, having lost thirty-seven pounds in ninety days (155 to 118 pounds). Feet and legs to the knees felt cold to the touch. Loss of sensation from the middle of the leg down. Below the knee the faradic irritability of the muscles was wanting, and present but slightly in the arms.

Patient could stand and walk alone with his eyes shut. No dizziness. In walking he put his heels down first with considerable force. A subsequent examination of urine revealed an excess of bile pigments and urates.

At no time have the bowels given any trouble.

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## A MATERIA MEDICA BOOK AND STUDY.

[With the consent of all parties we publish the following interesting letter.—ED.]

DEAR DR :

\* \* \* You must be lively and get a copy of *Materia Medica Physiological and Applied* Vol. I. while you can. It will just suit you who want demonstrated facts. But forget your old school training when you come to study this work. Physiological is normal, you know, and when the body is normal there are no symptoms or disease. Instead of physiological read pathogenic, which may be functional or structural. You want original sources for the symptoms dissected? Here they are, and what will interest you are the clinical demonstrations. I think you can depend upon them. Dudgeon who edited *Aconite* is the inventor of the best sphygmograph, so you may infer that he at least is exact. You will be interested in the study of *Aconite* that robbed your school of the lancet. Master this fine analysis.

You may wonder about finding *Crotalus* in this collection, but just hold on until you have compared its effects with those of your yellow fever. Did you not notice the raving of this fever in your cases last fall, just as we had carbuncles and glandular swellings in plenty a year ago when the plague was raging in India? "Great epidemics cast their shadows before." Old Dr. Shipman told me that six months before cholera appeared in Chicago in '53 there were lots of cases of diarrhoea that were persistent. *Camphor* was in demand, so was *Arsenicum* and other cholera remedies. This is the bacteria era. But these organisms flourish when the soil conditions are ready. But to come back to *Crotalus*. I was asked this morning while lecturing on yellow fever if *Lachesis* was indicated, and if your vial was empty would *Crotalus* do, and vice versa? What could I answer? Homœopathy does not imply substitution. The student's idea was: Is *Crotalis* a kin to *Lachesis*? I had never compared these two drugs nor seen a comparison. How imperfect is our works



on drug analysis even yet! But I know something of the work that was put in on *Crotalus*. Dr. Hayward was conscientious and careful. He came from Liverpool to America to attend the Centennial in 1876 to get facts about our rattlesnake. I think he called on Dr. Wier Mitchell, who was experimenting with this snake. I was then deeply interested in diseases of children, and was picking up all the works I could find on that branch. When I boarded the train from Philadelphia to go to Washington to visit the Congressional and Army libraries I found Dr. Hayward on the train going to look up *Crotalus* literature at the same points. I remember how interested he was when I pointed out the features of cholera infantum in a child on the train. It was awful hot. How the doctor did suffer. You know it is hot in England when 72°. The night we spent in the capital city we slept outside the covers. Dr. Verdi kindly entertained us, and I left Dr. H. delving in the libraries for *Crotalus* experiments and poisonings.

Old Dr. Shipman, of venerated memory, told me a symptom of *Crotalus* that will interest you. While in a cellar in his early days in Illinois he was struck by a rattlesnake. Doctor was a mild-mannered man of nervous temperament, but he said he was "*never so mad in all his life.*" He beat the snake to a jelly, took *Arsenicum* and was soon recovered. I forget whether he said he took whisky also, but I think not.

In this connection get, if you can, a copy of Neidhard on "*Crotalus in Yellow Fever,*" etc. I suppose the book is out of print, but you may run across a copy. Speaking of snake poisonings, I suppose you know now they use *Kali permang.* in the zoo to antidote the snake virus. That I judge to be a little bit of chemistry. It was Hering's idea that the snake poison was a cyanic acid or rather a sulpho-cyanic acid. The human saliva contains the cyanide of potassium. (Onion, by the way, contains the sulpho cyanide of ferrum.) I suppose the potash of permanganate antidotes the cyanide as it does in the healthy saliva. *Query*—Does the saliva in a viscid dry mouth become *poisonous*? Is the bite of a crazy man deleterious? Ask your insane friend to experiment with the saliva of a maniacal patient on rats. Possibly there is a bacteria. Have any investigations been made, do you know, along this line? Oh! how little we know yet about drugs and diseases.

To come back to the book. The next drug is *Digitalis*. The experiments there will interest you. Study them well and see



if my idea is correct that the primary effects lead on to fatal results — become cumulative at least. It is the second swing of the pendulum that cures or helps the body to cure (explain it as you choose), and it is the secondary symptoms of both drug and disease that *must correspond*. That will prove to you *Homœopathos*. Study *Digitalis* in comparison with *Aconite*. Compare them in the poisonings, in the proving experiments, in the order of arrangements of symptoms and in the diseases. You will discover that *Aconite* is a frightened sort of a drug, but *Digitalis* means business. We find it meets pathological lesions. Under *Aconite* write “*fear not.*” Under *Digitalis* write effusion from “hurrying the cattle in the heat of the day.” It tells of an overtaxed heart. Write under it “*Whoa, Emma.*” But draw a mild rein. Give only a small dose. A big dose may curb the heart too suddenly. Try it on yourself and see just how it works. You will never appreciate the spirit of a drug until you have tried it. Try *Straphanthus* also. There is another heart drug you must study, and that is *Spigelia*. You know all about *Puls.* and *Senna*. Did you ever connect “worm symptoms” and cardiac disturbance? No! Will you examine the heart in the next case you get where the old ladies say “worms.”

The next remedy is *Kali bichromicum*, Chromic acid and Potash. That was a vaunted remedy for diphtheria twenty years ago, hence was chosen for the next place in this valuable work. But don't study this or any other drug with a disease in mind. That is therapeutics and not drug study. Read over all the experiments with this double-ender. Compare them with each other. See if you can write me out the pathology of this drug. Drugs are forces and produce tissue change. These must be similar to those they cure. Trace the effects from their starting point and see how it goes to the back spine and produces a lazy, nervous effect that is manifest on the mucous membrane. Cannot you picture to yourself a typical lazy, spitting, loose-jointed man?

The analysis of *Nux*, your favorite *Strychnia*, will interest you. If I tell you that *Nux* is the typical remedy for the typical, planning, pushing American you will, perhaps, see more in the provings than otherwise. Make out its pathology. It has one clear cut.

*Plumbum* is the last drug in this valuable work. What is the pathology of the paralysis that lead causes? There is no microbe there, but a clear case of chemical pathology — a new field that

the experiments here recorded will throw light on. I know that you will enjoy this collection. You will miss the therapeutic confirmations that Dr. Black would have added, doubtless, had he lived.

Separate the primary action as manifest by rapid cardiac action and congestive symptoms all over the body and then (secondary) the slow heart and the mental and muscular weakness following. That peculiar lead-colic suggests spinal hyperæmia, and then how like locomotor ataxia the after effects. Remember in all this study that it is the secondary symptoms that seem to be the therapeutic guides, according to similia. That is the swing towards health, any way.

I have not written this to arouse your interest in this work, but to help you to see and feel how it will help you. Get all the works you can on *Materia Medica*. To master our drugs you must study. Homœopathy is no place for lazy folks. You are of a nervous temperament and therefore will make a sharp-shooter by and by — I want to help you as I have been helped. I do not know of a more fascinating study than that of drug experiments. It is discovery and adventure, and sometimes a wonderful story. I wish you could have heard old Father Hering tell about his tussles with *Lachesis*, and Morgan's experience with *Gelsemium*, etc.—good as a novel and twice as valuable.

Excuse this rambling letter, but believe me yours for science,  
T. C. DUNCAN.

*Chicago.*

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## COMMENTS BY "COUNTRY DOCTOR."

### "Herbal Simples."

From one point of view at least this book takes the premium tulip. May Fernie's shadow never grow less. They used to say that I, myself, was no slouch among herbal simples, but I can't begin to shine a little bit in Fernie's company — he is the sun to my poor luna. There are a great many books which, while not absolutely necessary, are rather essential for a physician and for his success. A man may lay claim to be a literary cuss, but unless he has read Homer, Virgil, the ancient and modern authors of some well-known and acknowledged authority (including, of course, the "Country Doctor"), he is shallow, very shallow, indeed. All these authors will round out

the man, round him out well, put the finishing touches on him, makes him tall upward and tall all around, and that is just what Fernie's *Herbal Simples* will do to any well-read physician of any or all schools. I have read and re-read that book and am not half done yet. If Fernie should ever take a tumble to himself and leave his fog-covered British Isle, let him strand on the rock-bound coast of Maine and I shall be more than happy to greet him.

### Spasmodic Croup.—Lobelia.

Years ago I used to dread a case of spasmodic croup as much, or more, than anything else. In real aggravated cases the sight is really dreadful, although the percentage of fatality is, of course, very low. However, since I took up the use of *Lobelia* all dread and fear has vanished. That is ten years ago at least, so you will see that it is no new-fangled notion. I always carry in my case a vial of a preparation of my own make, made from the *fresh* plant, but I suppose that B. & T.'s *Lobelta infl. θ* would answer just as well; and whenever I get a case of spasmodic croup I give it freely. For a two-year-old child I average about seven drops to a dose, in a little sweetened water, and repeat every three or five minutes, until the child is relieved or vomits, which result is obtained in less than fifteen minutes. Then leaving a somewhat weaker mixture, which I order given whenever the "whoop" again appears, I wend my weary way home again for the night, and as a rule no further attendance is needed. I have compared this treatment with other physicians of all schools, allopathic: *Alum*, *Sulphate of Zinc*, etc., and homœopathic: *Spongia*, *Belladonna*, *et al.*, but none appears so certain, sure, speedy and harmless.

"THE COUNTRY DOCTOR."

*Olamon, Maine.*

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## SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

[N. B.—The symptoms in brackets were taken down in the class-room and are not found in Dr. Lippe's work.]

*Pulsatilla*. Mild, bashful, yielding disposition, with inclination to weep. (Bears all trouble meekly. Especially suited for mild, good-natured folks. *Puls.* patient never laughs.)

*Puls.* Peevishness, which increases to tears, with chilliness

and thirstlessness. (The *Puls.* child pleads for things constantly yet is not satisfied with them, it uses no violence.)

*Puls.* Gloomy, melancholy, full of cares. (Trifles irritate.—*Sil.*) Mistrust, anthropophobia. Tremulous anguish, as if death were near. (*Acon.*)

*Puls.* Covetousness. (As in misers; in people dreaming of gold or of coin.)

*Puls.* Vertigo as if intoxicated, when rising from a seat; when stooping; after eating; when lifting up the eyes. (False vertigo originating in the organs of sight.)

*Puls.* Twitching, tearing in the temple on which one lies, and going to the other side when turning on it; worse in the evening and on raising the eyes upwards.

*Puls.* Pain in the head as if the brain were lacerated, on or soon after waking. (Pain over eyes on waking.—*Gels.* Pain in whole head on waking.—*Lach.* Pain in head in morning after dissipation of preceding night and after being up some time.—*Nux v.*)

*Puls.* Disposition to take cold in the head (from uncovering), which is exclusively perspiring, especially on the head becoming wet.

*Puls.* Painful inflammation of the eyes and of the Meibomian glands. Stytes, especially on the upper lid. Lachrymation in the open air and in the wind. (*Sil.*) Burning and itching in the eyes, inducing rubbing and scratching. (Wishes to rub eyes mildly constantly.)

*Puls.* Dryness of the eyes and lids with sensation as if darkened by some mucus hanging over the eyes, which ought to be wiped away.

*Puls.* Inflammation of the eye, with secretion of thick mucus, and nightly agglutination. (Has to open eyes with warm water in the morning.)

*Puls.* (Important in ophthalmia from suppressed gonorrhœa.)

*Puls.* Fistula lachrymalis, discharging pus on pressing upon it. (Thick, heavy, yellow pus, the characteristic pus of *Puls.*)

*Puls.* Obscurations of the cornea. Like a veil before the eyes, better on rubbing and wiping them.

*Puls.* Inflammation of the external and internal ear, with redness, heat and swelling. (In children after measles.)

*Puls.* Flow of mucus or thick pus from the (left) ear. (Whole face inflamed and red with trouble in right ear.—*Bell.*)

*Puls.* Hardness of hearing, as if the ears were stopped up,

especially from cold, from having hair cut, or after suppressed measles. (Abscesses form in ear.—*Merc.*)

*Puls.* Bleeding of nose, blood coagulated, with dry coryza. (In scanty menstruation, during typhus, and in children.)

*Puls.* Green, fetid discharge from the nose, like old catarrh (of long standing). Smell before the nose as from old catarrh (recognized at some distance).

*Puls.* Coryza, with loss of smell and taste, or of long standing, with a heavy yellowish-green discharge.

*Puls.* Tongue feels dry, sticky and clammy; feels in the middle as if burned.

*Puls.* Inflammation of the throat, with veins distended. (Extending into fauces and hard and soft palate. See also *Kali bi.*)

*Puls.* Aversion to fat food, butter, meat, bread, and milk.

*Puls.* Hunger and desire to eat without knowing what. (When the food is brought the patient does not want it.) (Loathing of food—*Ars.*)

*Puls.* Disordered stomach (indigestion) from eating fat food, pork, pastry.

*Puls.* Inflammation and swelling of testicles, with swelling of the scrotum—from a contusion or after suppressed gonorrhoea. (See also *Conium*. If the swelling is from a contusion the *Puls.* will heal it, but if it be from gonorrhoea a discharge will take place after the remedy has taken effect.)

*Puls.* Menstruation too late and too scanty, and of too short duration, with cramps in the abdomen; blood thick, black, clotted, or thin and watery.

*Puls.* Suppressed menstruation, especially from cold, getting the feet wet. (If it be suppressed from pregnancy there will be no menstrual flow after giving the remedy, but if from cold, etc., the flow will appear.)

*Puls.* First menstruation delayed. (Nose-bleed instead of menstruation—*Bry.*)

*Puls.* Difficulty of breathing when walking.

*Puls.* Asthma at night as from vapors of *Sulphur*. Dyspnoea as from spasmodic tension in the lower part of chest, below the false ribs.

*Puls.* Dry cough, whenever he awakens from sleep, disappearing while sitting up in bed, and returning as soon as lying down again.

*Puls.* Expectoration salty, offensive, tasting like the discharge in chronic catarrh.

*Puls.* Anxious and spasmodic tightness of the chest as if it were too full, and the larynx constricted, especially in the evening and at night.

*Puls.* Varices on lower extremities (painful and sore, especially during pregnancy).

*Puls.* The complaints are worse when one allows the feet to hang down. (The patient — man or woman — will always be more comfortable with the feet in a chair.)

*Puls.* SLEEP. (Patient sleeps with arms above abdomen or with hands over the head; often seen in children. The feet are drawn up. Restlessness during sleep. Inability, though sleepy, to go to sleep until after midnight (2 A. M.). Starts and jerks during sleep. Wakes at night as from fright — knows not where he is. Talk during sleep, or stupor, with delirium, moving about, perspiration, especially in fevers, desire for beer.) The above symptoms of sleep of *Puls.* are not printed in the "Lippe," but were given during a lecture. Br.)

*Puls.* Thirst before the chill or heat but seldom during the hot stage.

*Puls.* Profuse perspiration at night. Perspiration during sleep, soon ceasing when waking. (Patient perspires when going to sleep.) (Patient perspires at night on waking and *not* while sleeping — *Sambucus*.)

*Puls.* Eruptions from eating much pork, itching violently in bed. Eruptions like measles. (*Puls.* eruption is moist.)

*Puls.* The symptoms are often accompanied by chilliness, thirstlessness and oppression of the chest.

*Puls.* Worse in a warm room; in the evening; while exhaling; from having eaten fruit, ice cream, pork, pastry, or warm food; during perspiration.

*Puls.* Better from slow motion; in the open air; in a cold place; while lying on painful side.

*Puls.* Symptoms better from midnight until noon; worse from noon until midnight.

*Ranunculus bulb.* Pains in the chest as if sore, as from subcutaneous ulceration, or rheumatic soreness of the intercostal muscles. Stitches in the chest (right side of chest, extending to the liver). (It is a very important remedy in pleurodynia. Br.)

*Rheum.* The child demands various things, with vehemence and weeping. (Throws things away—*Staph.*)

*Rheum.* Frequent ineffectual urging to stool, worse on motion and when walking. Thin, papescent, sour-smelling, diarrhœic stools, with straining before, and colicky, constrictive cutting in the abdomen after, and chilliness during the stool. Mucous diarrhoea. Stools brown, mixed with mucus. Diarrhoea of lying-in women; of children.

*Rheum.* The milk of nursing women is yellow and bitter; the infant refuses the breast. (*Sil., Cina.*)

*Rheum.* Bubbling sensation as from small bubbles in the muscles and joints. (The only remedy.)

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## ON THE PATHOLOGY OF MEDICINES.

By Cook Co. Hom. Medical Society.

This old Chicago medical society, under the presidency of Dr. Hoyne, the well-known author and materia medica instructor, decided to devote most of its sessions for a time to the consideration of drugs and their effects. Most of the new and younger societies run to surgery, which is so attractive just now, especially to young men. Medical cases make up the bulk of professional business, and it was believed wise to give more study to medicines and especially their pathology.

The first subject chosen for the first meeting after the summer vacation was *Does Belladonna Produce Inflammation?*

Several essayists were selected to discuss this subject from the standpoint of the specialists.

Dr. Duncan said that in looking up the inflammatory remedies for diseases of the chest he was rather surprised to find that *Belladonna* was not given for the inflammatory cardiac diseases. In proof of its lack of inflammatory symptoms, he quoted from the materia medica its respiratory and cardiac symptoms. These he thought pointed to congestion but stopped short of true inflammation. The principal action on the heart is to produce violent palpitation.

Dr. McIntyer gave a fine analysis of the effect of *Belladonna* upon the brain and nervous system. He thought that from the cerebral symptoms that if *Belladonna* did not produce inflammation it came very close to it, so close that from clinical, or more correctly therapeutic experience it is one of our leading remedies in cerebritis, meningitis, etc. It does cure if it does

not cause nerve lesion. The severe heart action referred to by Dr. Duncan was doubtless responsible for the temporal headache of *Belladonna* on account of the distended middle cerebral, meningeal and temporal arteries.

Dr. Paul thought that the eye symptoms of *Belladonna* pointed to inflammation. It was certainly a most valuable remedy in ophthalmic inflammations.

Dr. Hunt thought that the earache of *Belladonna* pointed to inflammation.

Dr. Hoyne called attention to the skin and urinary symptoms of *Belladonna*, emphasizing its value in scarlet fever and cystitis, particularly, both without question inflammatory diseases. The value of *Belladonna* in scarlet fever was one of the triumphs of Homœopathy.

Dr. Mary A. Seymour called attention to the value of *Belladonna* in uterine diseases, and especially in ovaritis, as bearing out the generally received impression that it was here certainly an inflammatory remedy.

Dr. Rogers said that he had ransacked all the literature he could find for facts bearing on the point under discussion, "will *Belladonna* cause inflammation?" At last he found one where the microscope revealed true tissue change as found in inflammation. The experiments were made upon rabbits. Dr. R. teaches surgical pathology, and his excellent paper was accepted as conclusive that *Belladonna* is an inflammatory remedy, as the symptoms hinted. How the inflammation is produced is still a problem of interest that awaits solution.

*Rhus tox.: Its Pathology, Comparisons and Antidote*, was the subject selected for the next meeting.

Dr. Merrill led off with a paper on the pathological changes *Rhus* produces, particularly in the skin. *Rhus* poisoning was an ocular demonstration that drugs do produce tissue change. He essayed to explain the *modus operandi* of these skin effects along the line of chemistry. The conclusion was that the toxine must be an acrid acid that can be carried in the air.

Dr. Druekett brought out the well known characteristics of this drug, emphasizing the restlessness, the relief from motion, comparing it with other drugs, *Bryonia*, *Arsenic* especially.

Dr. Duncan called attention to the backache of *Rhus* due, he believed, to spinal hyperæmia, which he inferred was the central pathology. He cited several cases of helpless legs from weak back in which *Rhus* was the curative remedy. As an anti-



dote to the *Rhus* poisoning he had come to only one, *Sanguinaria*.

Dr. Gentry, of materia medica fame, took up the antidotes of *Rhus*. The best domestic remedy for *Rhus* poisoning he had found was buttermilk. The lactic acid was doubtless the active agent. The *Rhus* person was of a sanguine, lymphatic temperament, and the effect of the poison, it was believed, would continue for seven years.

Dr. Grosvenor (L. N.) (sanguine, neuro-lymphatic) presented himself as a victim. He had had it repeatedly for years, this is the seventh year. It returns about the same time every year, whether he knew of an exposure or not. There was a fine crop of *Rhus* near where he lived and he had many cases to treat. Had tried everything recommended, even to croton oil. He found buttermilk the best domestic remedy.

Dr. Pease suggested as an antidote a high potency of *Rhus* as the nearest similimum.

Several members gave their experience with *Sanguinaria* and other antidotes. One suggested *Permanganate of potash*. Many comical experiences were related.

In my next I hope to give your readers some more facts from this society that may prove interesting and valuable to your readers who are interested in drug action.

REPORTER.

## INQUIRY DEPARTMENT.

*Any reader is privileged to contribute to this department either an inquiry or an answer. "Knowledge is to be passed around."*

Can you give in brief outline the evolution of Homœopathy in the mind and writings of Hahnemann?

DR. L. D.

\* \* \*

*The Plague.*—Where can I find the homœopathic treatment of the plague?

ZUMDA.

\* \* \*

(1) How many different pharmacopœia, have been published and how do they differ? (2) Which one now follows the teaching of the old masters most nearly?

C. J. G.

\* \* \*

Where can I find a proving of *Strophanthus*? Is it made from *Curare*?

S. F.

What remedy compares most closely with *Lachesis*? Where are the original provings to be found? H. O.

\* \* \*

What is the reason I cannot get any effect from *Dulcamara*? Are we supplied with the same plant, prepared in the same way, as the original provers used? G. H.

\* \* \*

Does *Aconite napellus* grow anywhere in America? Where does the best tincture come from? H. F. L.

\* \* \*

Where can I find Hahnemann's idea of the *genius epidemicus* fully elaborated? T. C. D.

\* \* \*

"I would like to ask a question or two. By accident (misdirection) a copy of the RECORDER came to me. I wanted to know more of the delusion of Homœopathy, so sent for Hahnemann's *Organon of the Healing Art*, thinking to have some amusement any way. His review of physic made me shooting mad. I am impressed, however, with its scientific spirit. Now I want to know if there are any asylums under the care of physicians of that faith, and do they cure insane cases as he thinks they might? Do they follow his directions? Then, about 'chill' cases. We don't have much 'ager' up here in the mountains, but does these little doses cure them? And do the physicians who give them follow out the directions given in that book? I would like to see some cures reported in the RECORDER from physicians in the malarial districts. I don't like to let you know who I am."

MOUNTAINEER.

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## ON THE EFFECTS OF THE THYROID.

The *Thyroid*, especially if used continually or in large doses, causes the following symptoms:

1. Elevation of the temperature.
2. Increase of the heart's action and of the frequency and volume of the pulse, which, however, is more compressible. Walking, even standing, after taking a dose is apt to cause a feeling of faintness and even complete syncope. The heart may become so weak that it cannot endure any overexertion without danger, even death may result.

3. Shortness of breath.
4. Increase or decrease of appetite, sometimes nausea, less frequently vomiting, still less diarrhoea.
5. Improvement in body nutrition generally, more complete absorption of nitrogenous food. But later on nitrogen is excreted in excess of that taken in the food.
6. Loss of weight.
7. Increase of sexual desire.
8. Menses profuse, prolonged or more frequent, rarely amenorrhoea.
9. Increased activity of the mucous membrane, kidneys and skin, which becomes moist and oily, sometimes exfoliation of the epidermis.
10. Rapid growth of the skeleton in the young with softening and bending of those bones which have to bear weight.
11. A disease closely resembling exophthalmic goitre. A cataleptic improved under large doses of *Thyroid*, but when the dose of 75 grs. a day was reached symptoms like those of exophthalmic goitre developed with a pulse of 160, but no glandular swelling. When the *Thyroid* was discontinued the catalepsy grew worse, the exophthalmic goitre better; when resumed the catalepsy better, the exophthalmic goitre worse.

A patient, while under *Thyroid* treatment for myxoedema, took, through a misunderstanding, in eleven days nearly 3 ounces of the dessicated *Thyroid*, whereupon tachycardia, pyrexia, insomnia, tremor of the limbs, polyuria, albuminuria, and glucosuria, in short, a disease similar to exophthalmic goitre developed.

*Thyroid* has been *used* with benefit in the following *diseases*:

1. Arrested development in children, cretinism, idiotism.
2. Myxoedema. [The extirpation of the entire *Thyroid* produces a disease resembling myxoedema.]
3. Simple goitre.
4. Excessive obesity with tendency to weakness and anæmia.
5. Melancholia, functional insanity, where improvement has taken place up to a certain point and then remains so.
6. Defective secretion of milk during lactation when connected with reappearance of menses. *Thyroid* will suppress the latter and increase and enrich the milk.
7. In fractures of the bones in which consolidation does not promptly occur.
8. Hypertrophy of cicatricial tissue resembling keloid, possibly true keloid.

*Doses:* Either the fresh gland of the sheep prepared like food or the extract, or in the dessicated state, of the latter may be given from 2-3 grs., or more or less, once a day (at night) or oftener.

The *Thyroid* is *contra-indicated* in tuberculous persons, as they are apt to lose quickly in weight, over two pounds in twenty four hours.

Rheumatic and anæmic symptoms are more frequently aggravated than improved.

As the *Thyreoid* is a powerful remedy, the following should be always remembered:

There is a decided difference with regard to individual toleration, some are very susceptible.

The pulse should be watched regarding frequency and quality. The least effort or exertion will increase it even to 160, hence some cases should be kept in bed or at least very quiet and tranquil even for a time after the remedy has been discontinued. Deaths have taken place after a few days' treatment.

If *Thyroid* is not taken for myxœdema the patient should be weighed at least every two weeks, and if pathogenetic symptoms, called thyroidism, appear the remedy should be discontinued or reduced.

If softening of the bones has been caused it may be necessary to restrict the use of the legs or to use splints.

*Thyroid* seems to have a cumulative effect.

In many cases a liberal diet should be prescribed to avoid injurious consequences.

Collected principally from medical journals of both schools by  
F. G. OEHME, M. D.,

*Roseburg, Oregon.*

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## ORGAN DISEASES OF WOMEN.

The following is taken from a paper, in the *Pacific Coast Journal of Homœopathy*, of one who has a great deal of experience with Homœopathy in far-away places, and who is now taking a medical course at a college:

"Taking a leaf from Dr. J. Compton Burnett's 'Organ Diseases of Women,' I have cured a retroversed womb of three years' standing, and that in less than three months. All diagnosing was done by several physicians, who could not account

for and would not believe when told of the remedies. They were allopaths, and the case came to me through a friend who had been benefited. The lady would never wear a pessary — nor are they ever needed except in broken tissues, where surgery amply steps in. The remedies were two in this case, but let no one believe they are specifics. Each case is as distinct as possible, and must be viewed and treated alone. Some cases are underlain by sycosis, others by a vaccinal blight, others by abuse, such as constant injections to thwart nature (when *Bellis perennis* is often indicated for one remedy). The remedies I commenced to tell you were two: *Fraxinus Am.*  $\theta$ , five to seven drops twice daily for two weeks. One week no medication. *Thlapsi bursa pastoris*  $\theta$ , seven to ten drops twice daily for two weeks; then miss fourteen days. Then *Frax. Am.*  $\theta$  again for two weeks, and miss medication for two weeks. Hereabouts pregnancy occurred, with its concomitant symptoms, when medication was stopped. This had been impossible before, as the mouth of the uterus was against the anterior wall of the vagina. These two remedies were given because of all things they have a special aptitude to congest the womb, thus making it abnormally heavy; it tips because the muscles cannot support such abnormal weights. Hence and here is the grandeur of Homœopathy — they are given because of the congested state of the organ. The cure was rapid, regular, and is marvelous to those who do not know and believe. We know it is all in accordance with nature's law. These two remedies will at the same time fill out the breasts (with much pricking and tingling maybe) when they are shrivelled, due to uterine congestion."

He also adds — thereby confirming Dr. Kraft's statement — "In my travels I have met Dr. Burnett, and assure you the best argument to the truth of his statements is the immense practice he has drawn to him. Two days a week are devoted entirely to correspondence, his patients being all over the world."

The fact is, that more *original* matter — therapeutic — can be found in Dr. Burnett's many little books than anywhere else.

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"What rational man could think of strengthening his patient without first removing his disease. \* \* There is no such thing as a strengthening remedy as long as the disease continues."  
Hahnemann *M. M. Pura*.

**PICKED FROM THE EXCHANGE FILE.****Pneumonia.**

Dr. W. C. Cooper, in *Medical World*, says that he is almost ashamed to confess that in a practice of twenty-five years he has never lost a case of pneumonia. "One thing I am certain of, and that is that I have never *prevented* a recovery, whatever the disease, by *over-treatment*. Early in my medical experience I became convinced that more people have been (not *are*) killed than cured by doctors." "What will make a well man sick will make a sick man sicker." The treatment for the sthenic type of the disease is *Veratrum vir.* and *Bryonia* in small doses, and for the asthenic *Aconite* and *Bryonia*.

**Hamamelis in Eczema.**

"Too frequent washing of a child affected with eczema may aggravate the inflamed condition. For cleansing purposes the parts may be bathed with witch hazel diluted one-half with water. When the disease is accompanied by excessive itching, the hands should be covered to avoid laceration of the skin." *Sarah J. Coe, M. D., Medical Councillor, December.*

**Quinine in Malaria.**

A correspondent of the *N. Y. Medical Journal*, January 15, 1898, says that the time to give large doses of *Quinine* is when the fever has subsided, because "the actual attacks of rigors and fever was the result of the war that was taking place in the system between the malarial germs and the phagocytes, and the cessation of fever was an indication of the defeat of the enemy caused partly by their destruction and partly by their being weakened." Now is the time, according to Dr. Row, when if *Quinine*, like Napoleon's "old guard," be hurled against the wavering ranks of "germs" their rout will be complete.

**Passiflora.**

This remedy, *Passiflora*, often does not act only in repeated full doses. A teaspoonful of the remedy undiluted is no harder to give than as much water with five drops of the remedy in it. Small doses often have no perceptible effect, while full doses have no ill effects, and the most gratifying good results usually follow. We have never been disappointed when we have given a full dose. It is not only a sleep producer and a relaxer of

spasms, but it has a wide influence on nerve irritation of whatever character and undesirable reflex action. We really know but little of its wide influence yet. Give *Passiflora* in full doses without fear, and repeat the doses often if the results are not obtained, and you need have no doubt about the results.—  
*Chicago Medical Times.*

### Less Inclined to the Phagocyte Theory.

From the *N. Y. Med. Journal*, January 18 (editorial):

“When, says Schattenfroh, the bactericidal action of the blood and the blood-serum had been shown by H. Buchner’s investigations to be unquestionable, the nature and origin of the substances to which that action was due were still matters of surmise. Buchner, Hahn and Denys assumed the existence of peculiar bactericidal principles, the alexins, which, to judge from their secretions, had to be looked upon as albuminoid bodies. They went further and took it for granted that the multinuclear leucocytes constituted the mother substance of the alexins. Apparently in square opposition to this doctrine stood Metchnikoff’s theory, which denied that the blood-plasma and the fluids of the tissue had a bactericidal action, and ascribed the function of destroying bacteria particularly to the multinuclear leucocytes, which took the bacteria into their interior and digested them after they had been killed by some substances that acted chemically. Since, says Schattenfroh, we have borne in mind the connection of the alexins with the leucocytes, we have been less inclined than before to hold to the phagocyte theory; whoever looks upon the leucocytes as the sources of bactericidal substances must believe in the possibility that these substances come into action in the interior of the cells.”

### Echinacea as a Remedy for Appendicitis.

The following is from the *Am. Homœopathist*, by Dr. Henry G. Ide, M. D., of Oxford, Mich.:

“I want to say to you that in this epidemic of appendicitis I have had my share of cases, and as yet have not had to go outside of *Echinacea*  $\theta$ , *Belladonna* 1x, *Merc. cor.* 3x, and *Arsenicum* 30x. I consider their importance as I have placed them. If there is any such thing as a specific (which I am sure there is not) *Echinacea*  $\theta$ , gtt. v once in 30, 60, 120 minutes is a specific for appendicitis. It has proved so with me, but I have no guiding symptoms to offer. Cases that are well-marked *Bell.*, or

*Merc. cor.*, or *Arsenicum*, and that have failed to yield to what seemed to be the indicated remedy, have all yielded in my hands to Boericke & Tafel's *Echinacea*; and I think every homœopathic physician ought to go to his cases with this remedy at hand.

#### Klebs-Loeffler Bacillus.

The *Medical Times* says:

“According to the London correspondent of *Medical Progress* the most humiliating come down for the bacteriologist is seen in the attitude he is forced to sustain relative to the diagnostic value of the Klebs-Loeffler bacillus. This bacillus is now regarded as not at all diagnostic of diphtheria, and its presence is given no particular significance in this regard by any well-informed man in London.”

To this the *Eclectic Medical Journal* adds:

“We have known of cases of undoubted diphtheria, cases the gravity of which was exceedingly alarming, to be pronounced non-diphtheritic because of the failure of ‘culture’ to exhibit the presence of the Klebs-Loeffler bacillus; and now comes the above quoted statement, all the more valuable in that it emanates from the old school, the mother of bacteriology, that the Klebs-Loeffler bacillus is now regarded as of no significance as a diagnostic feature of diphtheria. Truly, the old adage, ‘Make haste slowly,’ is applicable to this question of blindly accepting the bacterial teachings of the day.”

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#### SENECIO AUREUS.

“A remedy of repute as a vulnerary among the Indians was *Senecio aureus*, and among the early settlers, and afterward by the botanic doctors it was much used as a regulator for the uterine functions, being given to promote the flow if it were too scant, or to check it if it were too profuse. It would seem, however, from the statements of Dr. F. Gundrum, of Sacramento, Cal., (*Therapeutic Gazette*) that the drug has a real value as a hemostatic in parenchymatous hemorrhages. Teaspoonful doses three times a day checked for him, within two days, a provokingly obstinate case of hematuria which for six months had resisted the usual hemostatics. In another case, where the hematuria came on after puerperal convulsions, marked benefit followed the exhibition of *Senecio* within twenty-four hours. Like



good results from giving it in a case of hemoptysis, and again in a case of menorrhagia. The dose given in the dispensaries is far too small to produce any effect whatever. From one to two fluid drams three to six times a day are necessary to secure the results desired.—*Cleveland Medical Gazette.*

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## THE DYNAMIC CIRCLE AND ORGAN REMEDIES.

Editor of HOMŒOPATHIC RECORDER.

Some time ago my wife suffered from a very severe attack of left-sided sciatica. Now, a casual reader will pass this without further attention; but *sciatica is a very painful affection*, and the sooner you cure it the better, and this axiom is nowhere more true than in your own family. The treatment of sciatica reads simple enough in text-books, but I thought it was one of the most exasperating things to cure; after trying, with only partial relief, nearly a dozen different remedies which I thought indicated by comparing with the *Materia Medica*, the complete field of symptoms in this worrying case was found covered by *Sulphur*, and *Sulphur* cured it, thanks to God.

This by the way of introduction to a more interesting and important principle. In the January number of the RECORDER for 1897 I published an article, entitled "The Dynamic Circle," being abridged from the large work of Prof. Baehr, of Dresden, Germany. Without going in many details, I will repeat that Baehr discovered that all bodies, whether organic or inorganic, simple or compound, when examined on what he calls the dynamic apparatus, are given a certain position on the circle, divided in 360°. Gold, for instance, is on the 0°, silver on the 45°, zinc on the 67½°, copper on the 112½°, platinum on the 135°, sulphur on the 180°, quick silver on the 270°, iodine on the 310°, oxygen on the 360°, etc.

Repeating some of Baehr's experiments, I found myself, in examining the animal organs and fluids, that the blood and the heart (inside) answer to the 0°, the liver to the 90°, the lungs to the 180°, the kidneys to the 225°, etc., and by reasoning and studying the medical literature and with the help of Baehr's dynamic apparatus I at last discovered one of the keys to the scientific practice of the healing art, viz., that those organs and those drugs which, on the dynamic circle, occupy the same position, like blood and gold, or heart and gold, or sulphur and

lungs, etc., are sympathetically related to each other, or in other words, that those drugs are *organ remedies*; consequently, gold would be a true heart and a good blood remedy, *Sulphur* a specific lung remedy; further that drugs, which on the circle are  $180^\circ$  distant from any organ, are also the specific remedies of that organ, but in a new sense; for instance, quick silver ( $270^\circ$ ) is a specific remedy for the liver ( $90^\circ$ ), as they differ  $180^\circ$  on the circle, but mercury is an antagonistic or *antipathic* liver remedy, while sulphur is a *sympathetic* lung remedy, both being on the  $180^\circ$ . In other words, as Culpepper in his Herbal said long ago: "The whole practice of physic turns on the principle of antipathy and sympathy." Culpepper, of course, means by this the supposed antipathic or sympathetic planetary influences, which it is not my intention to prove or disprove for lack of understanding of those pretended influences. His words, nevertheless, are true, even if they meant to express something different.

But to come back to my sciatica case. After curing it, I wondered what relation the sciatic nerve bears to *Sulphur* on the dynamic circle, and I eagerly embraced the first opportunity to dissect that nerve; judge of my surprise when I found that the sciatic nerve is on the  $180^\circ$ , the same as *Sulphur*. If I had known beforehand the position of that nerve on the dynamic circle *Sulphur* would have first presented itself to my mind, and probably I would have effected an easy and prompt cure. Now, do not be too hasty and conclude that *Sulphur* is *the* remedy for *all* cases of sciatica; I don't believe that; but I know that it has cured many a case of sciatica, and that, in my hands, it cured a *left-sided* sciatica. There are some conditions to be considered in the cure of a disease, one of the first being the *side* which is most affected. By means of the dynamic apparatus I can now give an explanation of the hitherto mysterious one-sided action of some drugs which, however, may be passed over just now.

In reading the works of Paracelsus, I was very gratified to find that his experience fully confirms my views. Gold he recommends as the organ remedy for the heart, as well as for the blood; "there is no better incarnative than gold." *Sulphur* he calls the balsam of the lungs. *Mercury* he used successfully in dropsy, depending upon inactivity of the liver; but he was not the quick silver hero some scribblers, who never read him, want him to be.

In conclusion I will say that in Baehr's dynamic circle we have a precious means to classify drugs and establish one of the foundations of the medical art. May these fond anticipations soon be realized !

A. A. RAMSEYER.

1060 East Second South Street, Salt Lake City, Utah.

## THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

Editor of HOMŒOPATHIC RECORDER.

I have not seen the new " American Homœopathic Pharmacopœia," but I should like to make a few remarks.

When in England some twenty years ago I was put on the sub-committee of the British Homœopathic Pharmacopœia, consisting of Dr. Vallancey Denny, Mr. Wyborne (Gould & Co.) and myself.

As far as fresh plant preparations went we gave directions for the same parts of plants to be used as according to Hahnemann. The amount of moisture was ascertained by making a magma and then taking 100 grains, drying over a small water-bath in a tared watchglass and then reweighing, thus ascertaining the percentage of moisture. *Aconite* used to run about 78 per cent. of moisture according to my memory, leaving the amount of 22 per cent. of dry product, so that 100 ounces of magma yielded 22 ounces of dry matter and 78 (ounces) of moisture or juice.

### TINCTURE IN OUNCES.

Moisture or Juice . . . . .	78.00
Alcohol . . . . .	130.00
Proof Spirit . . . . .	12.00
	<hr/>
	220.00

Thus making a 1 in 10 matrix tincture.

The reason we preferred this plan was that plants vary in their amount of moisture according to whether it was a dry or wet season.

I have known *Aconite* to vary one season with another from 72 per cent. to 82 per cent. of moisture, *Calendula* from 75 to 95 per cent., and others also, from some years experience.

It is evident from the above that the former tinctures when made by adding an equal part of Alcohol to the juice would

vary in their strength according to the variation of moisture according to the season obtained.

At the time I read, I think in the *Pharmaceutical Journal* (London), that there is less alkaloid in plants with excess of moisture than in those without *Belladonna* was named, so that the new method is decidedly more correct and scientific.

If doctors assume that all matrix tinctures are 1x in strength and invariable it is a great advantage.

To be correct, the 1x dilution should be marked 2x.

With regard to dilutions from trituration, we decided that they were preferably made from the 3 centesimal or 6x trituration, and that those made from the 3x trituration were not to be relied on, as cold water did not dissolve the amount of trituration required.

Apologizing for taking up so much space, and hoping I do not seem egotistical in the matter,

I remain your's truly,

FRANKLIN EPPS, M. D.,

(Hahn. Chicago, '83.)

*Rapid City, S. D., Jan. 28, 1898.*

The RECORDER is desirous of having this question of homœopathic pharmacopœia thoroughly discussed, and therefore Dr. Epps' communication is welcome, as will be any others on the subject. That different specimens of *Aconite* vary between 72 and 82 per cent. in moisture is doubtless true, but inasmuch as homœopathic prescribing does not include doses that may endanger the lives of patients should the strength vary so much as between 72 and 82 — 10 per cent. — is this possible slight difference of plant moisture sufficient ground for the upsetting of our whole past? Would not the medicine from the 82 or the 72 per cent. plant be equally efficacious if prescribed in a case where *Aconite* was homœopathically indicated? It is better (and certainly safer) to let the old landmarks remain as our future guides.

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## A CRITICISM ON HEYSINGER'S SCIENTIFIC BASIS OF MEDICINE.

Editor of THE HOMŒOPATHIC RECORDER.

"The Scientific Basis of Medicine," by Dr. I. W. Heysinger, has been already reviewed both favorably and adversely, yet on some points it seems to merit further notice. The book contains many interesting ideas, notably the restatement of the axiom

that "action and reaction are equal and opposite," in the mention of the extinguishment of similar waves by mutual interference, with resultant calm. The recounting of experiments on germs that perished in water contained in a silver dish, although no silver could be detected by any other reagent, shows the reality of the "radiant state" of matter, and proves the existence of a vapor of each substance, the "natural sphere" taught by Swedenborg (C. L., § 171). This is distinct from the solid particles or atoms figured on by Dalton, and it negatives Dr. Heysinger's claim on pp. 72 and 111, that the limit of active potentization is about the 9th or 12th centesimal trituration. Oswald's later experiments are in the same line, and do not indicate any limit. We may and do object to the loose nomenclature of the fluxionists, but he would be a bold man, indeed, who would venture to try to demonstrate the inertness of any considerable portion of their preparations.

As our author well quotes Dr. Jeanes (p. 93), "Homœopathic medicines are a power, and a little filth won't hurt them." Sometimes they will act well, even if handicapped by mixture, which is always injudicious, to say the least. Dr. Heysinger is wrong when he says (p. 91) "the whole atmosphere is an ocean of potentized drugs." It is an ocean of drugs, truly, but attenuated and neutralized by admixture, not in any sense "potentized." Potentization, to be effectually done, must be carried on away from powerful aromas or floating dust, and then there is no limit yet found to its degree. We need not at all confine ourselves to the medium potencies, as advocated on p. 61. The "Middle of the Road" may be necessary to travel over, but it is a poor place to live in!

Chapter VI gives a plain and forcible argument for Hahnemann's Homœopathy, and this by itself would make a useful and weighty tract, but as it is it is marred by signs of confusion and haste in the rest of the work. In this best portion he says (p. 56): "It is a well-recognized axiom of science that we shall not seek for two diverse causes to produce an effect which can be fully accounted for by one." It is also a law of economics not to employ two diverse agencies to do the same work at the same time, but Dr. Heysinger actually defends the too common practice of routine alternation as better than the single remedy.

This is his language (p. 96): "These very purists, by the way, as they call themselves, are always those most likely to

fly from one drug to another, while the old lumbering Conestoga wagons of alternation roll along the highway, steady and sure, and a welcome sight to all. They are the ones who get there." Again (p. 64) he says: "We can easily exaggerate the importance of this single remedy theory, and instead of a faithful servant make it a tyrant or a god." On p. 63: "If Dover's powders grew, in their complete form, on trees, as a nut or a flower, they would be a single remedy, and so of every compound or nostrum in the whole *Materia Medica*. We thus perceive the reason for holding to the single remedy — it is better for working purposes." Very true, it is just because they *work better* that we stick to the single remedies, by which we mean that a remedy, whether an element or an organic or chemical unit (loose and unstable mixtures alone being barred), must be allowed to act alone until a fresh observation determines a new choice.

Again (p. 89) he says. "But if we have a totality of manifestations to meet, which are completely covered, one-half by one medicine and the other half by another, it is obvious that if we will administer these two remedies in alternation at such intervals as will permit each to manifest its own individual power undisturbed by the other, that these two *medicines*, like successive waves, together will constitute but one *remedy*."

By the same rule, if three or six, or sixty medicines contest the field, we must give each a proportionate chance and exhibit them all at "suitable intervals," of course, in regular rotation! But how if some of these similar waves extinguish one another?

Now listen to Hahnemann ("Organon," § 169): "If, on the first examination of a disease and the first selection of a medicine, we should find that the totality of the symptoms (*Symptomeninbegriff-comprehensive idea*) of the disease would not be effectually covered by the disease elements of a single medicine — owing to the insufficient number of known medicines, but that two medicines contend for the preference in point of appropriateness, one of which is more homœopathically suitable for one part, the other for another part of the symptoms of the disease, it is not advisable, after the employment of the more suitable of the two medicines, to administer the other without fresh examination, for the medicine that seemed to be the next best would not, under the change of circumstances that has in the meantime taken place, be suitable for the rest of the symptoms

which then remain; in which case, consequently, a more appropriate homœopathic remedy must be selected in place of the second medicine for the set of symptoms as they appear on new inspection."

This assuredly does not mean that we are to stick to one drug through the whole course of a disease, as inferred on p. 95, where we find the following: "Every time a change of medicine is made, during clinical practice, the dreaded alternation must necessarily occur, only to be avoided by starting with a drug and sticking to it, hit or miss, through change or permanence, good or bad, till the patient gets on his feet again, more by luck, perhaps, than management, or the doctor is invited to the funeral." Neither, on the other hand, does Hahnemann leave any excuse, in common sense, expediency or fewness of remedies, for the placing of two or more drugs in one prescription, or for the setting out of a row of two, four or six tumblers or vials, to be given from in alternation or rotation, every five minutes, or every hour, as is done now by far too many self-styled homœopaths, whom Dr. Heysinger appears to defend, though it is to be hoped he is misunderstood in that extreme.

*Similia similibus curantur* — simplex, simile, minimum — these are the "Scientific basis of medicine;" but the man, if there be one, who always sees two or more remedies indicated without preference, in the same case at the same time, is either mentally strabismic, or else under some powerful hallucination that makes him "see double"—a not uncommon phenomenon!

EDWARD CRANCH.

*Erie, Pa., January 31, 1898.*

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## MARRIAGE AND DIVORCE.

### THE MEDICAL PROFESSION AND THE SEXUAL QUESTION.

#### A REPLY.

"A part," says Euclid, "one at once may see,  
Until the whole can never equal be;"  
Yet H——s speeches can this fact control,  
Of them a part is equal to the whole.

Had I the length, breath and volume of vocabulary of Dr. Heysinger I should write a reply to match his style on Marriage and Divorce and to finish it so that the classic — what's his name — would explain (as he did on reading the leading article in Jan-

uary RECORDER) "Words, — words, — nothing but words!" But it is a subject that the RECORDER is not particularly bound to represent, and, therefore, it must be cut as short as possible, and let me say right here that I verily believe the more such articles as the one already referred to the worse for the divorces! I am not in favor of divorces, never was divorced nor expect to be (and the old lady's health is very good), but I believe the only way to stop the practice of granting divorces is to educate the younger people up to what married life really is, and in that one particular Dr. Heysinger's article starts my ire. It is well enough to build air castles and ideals, but by so doing we should be careful not to paint the future so rosy-red as to lead astray those poor mortals who are following behind trusting to our experience for their guidance.

Humanity is about the same the world over; immorality exists everywhere, and there is just as much of it in the United States as elsewhere, the only difference is that here we hide vice and lull our easy-going conscience to sleep in the false belief that to hide sin is to be righteous!

"What's fashionable, I'll maintain  
Is always right," cries sprightly Jane;  
"Ah! Would to Heaven," cries graver Sue,  
"What's right were fashionable too."

Then how can we reduce the number of divorces? Simply by stopping the mismating of our boys and girls! Let us look this question squarely in the face, and at all its sides, and you must come to the conclusion that the sexual mismating is the cause of 90 per cent. of all our domestic unhappiness, no matter what form it takes, — drunkenness, abuse or otherwise. What do you mean by sexual mismating? you ask. And in reply let us for the sake of argument divide all persons, male and female, into three distinct classes, although in reality there is no straight lines of division, where one class ends the next is well begun. First, then, there are those whose sexual instinct or appetite is nil, or next to nothing. I have heard it declared by some who professed to belong to that class that they could be sociable, agreeable, yes, lovable, and perhaps they can, but I fail to believe it. The second class, which, I am happy to say, includes the great majority of all the people, and which possibly could be sub-divided into several groups, are those whose sexual appetite is more normal — persons who under most circumstances are



well satisfied with one man or woman and sexual congress once a week about the average rule during the whole of their married life; then we have the third class — those, both men and women, who are always in a sexual passion.

If we call the whole number of persons ten, then my observations lead me to believe that the first mentioned class would contain two, the second seven and the third one person. In the first class we find seven women to four men, in the second about an even thing and in the third class about five women to seven men.

Now, if two persons of the same class and temperament are lucky enough to get married then good and well, they are happy for life, but if the contrary happens, as very often is the case, that persons of different classes gets together then there is a sexual misfit and troubles for life. The lively, vivacious, well-built, healthy girl marries a spindling, cigarette-sucking youth; they indulge to their heart's content, and the young man is shortly reduced to be a fit subject for consumption, pneumonia or anything else, and in a year's time, or two at the outmost, we have one of those '*chic*' widows, who are jolly good playmates but dangerous wives! Or if the man somehow refuses to die, the chances are that our bright little Venus will — — — well, you know the rest. There is no use in denying that humanity will be humanity wherever found, or as one very esteemable lady once remarked: "It is human; I do not approve of it, but after all it is human!" Or we can reverse the example and the result will be about the same — the man will be the transgressor, oftentimes the worse of the two. All of which accounts for why some men and some women can outlive four or five of their mates and remain lusty. Oh yes, my friend, I know this is plain talk, dreadfully plain, but it is also the truth, all the truth and nothing but the truth; if you doubt my words open your eyes, friend, open your eyes and look around, not too far away, but right under your own nose. If the subject wasn't so "plain" I should like to go into details and give facts and figures of men and women whom I have known and studied in their misfortune of sexual misfit and the different ways they adopted to make up the deficiency, even to a well-known sewing-machine maker who left six different *respectable* domestic establishments when he died!

And it is simply this damnable fashion of covering up vice, the result of sexual misfits, and calling it virtue that keeps this

nasty business up. Here is a little item cut out of one of the leading and most reliable papers during January, 1898, that will give some startling inside facts concerning the much talked of "morality" in the highest circles of so-called civilization. Please study it well, it is a whole sermon in itself:

Mme. Patti and Nicolini were married in 1886, after he had secured a divorce from his wife, who was a "woman of no importance," with several children of whom he was the father. For several years previous to this event the diva had lived with her future husband, trying meanwhile to make Mme. Nicolini acquiesce in a divorce, which would reinstate the former Marquise de Caux in society. Not until this occurred, and Patti and her Nicolini had proved their attachment to be lifelong, would the Queen so much as hear the name of the greatest singer of her day. It speaks well for Patti's judgment that her association with the tenor was absolutely happy from the first, and that the world recognized his worth, as well as her devotion, at the last. After a number of years of royal neglect, Mme. Patti was commanded to sing at a state concert, and then followed a "command" to appear at Windsor Castle. From this moment it was understood in society that she had been "pardoned" for behaving like a true woman! With the exception of this "affair," which ended so happily for both, Patti's life has been above reproach. She has been as devoted a wife as Nicolini has been a husband, and those familiar with their home wonder how the little singer can endure to be left alone.

If this subject was well within the RECORDER's sphere I should take pleasure in exposing the mass of indecency, suffering, crimes, murders, prostitution and unnatural methods caused and created by that enormous ignorance of sexual life that now exists among our men and women because self-styled philosophers proclaim that such subjects are not "nice" to talk about! Away with your false modesty! Away with your philosophical morality sophistries! Call a spade a spade, and if you wish to prevent divorces do not meddle with law courts or legislatures, but educate all the people up to the standpoint that to find happiness in wedlock two persons must be sexually mated as well or more so than in any other respect.

The grim editor sits with his great big blue pencil to mark out all that he can, therefore I must be brief and will lay down the following propositions, which I am ever ready to defend with pen or tongue:

1st. That humanity is ever humanity, and that our natural or beastly (have it either way you want it) instinct will often overcome all our acquired civilization, so-called.

2d. That sexual mismating is the cause of more suffering,

crimes, pollutions and divorces than all other causes in married life combined.

3d. That to prevent such mismating is to prevent divorce.

4th. That the only way to prevent such mismating is to study the subject carefully, to discuss it publicly and to educate the intelligent masses up to it.

5th. That honest scientific discourse should always be respectfully treated, even upon this subject,

6th. And that I have a very good opinion of Dr. Heysinger, of the RECORDER, and of THE "COUNTRY DOCTOR."

*Olamon, Maine, Jan., 1898.*

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### MISTLETOE (*VISCUM ALBUM*) IN LABOR CASES.

The following, from the *Medical Summary*, by Dr. E. M. Holland, is interesting:

"My first case of child birth in which I used *Mistletoe* (*Viscum album*) was May 30, 1897. Was called to see Mrs. C.; second confinement; there was but little advancement; finding pains seemingly no good, I sent the husband to my office, three blocks away, for some *Mistletoe*, and I gave the lady half a teaspoonful with a swallow of water every twenty minutes, and before one hour had passed labor was on in good shape, and in half an hour longer all was over."

"I returned to my office, and in less than half an hour I was called to see a colored woman, much of a lady, mother of two children; on examination I found only a slight advancement of the child, mouth of the womb but little dilated. I learned that she had been just about the same for twelve hours. I prepared a mixture and ordered a teaspoonful every twenty minutes; this dose contained 30 drops of the *Mistletoe*. I was not well, and returned to my office, leaving instructions to notify me when labor was well on; my office was four blocks from her residence. I reclined on a lounge, intending to return in about an hour, but dropped into a doze and in about one and a half hours the husband came on the run, notwithstanding they had sent a little girl for me. He reached my office panting, and exclaimed: 'For God's sake, hurry, for her insides have all come out.' On my arrival, I found the child and afterbirth all in a pile. The confusion was soon calmed down by the assurance that all was well."

"Soon after this I was called to see Mrs. M., the mother of seven children. I had been with her in six of the seven confinements, and knowing that she had always been tedious I gave the messenger a small vial of the same mixture and same dose, labelled it teaspoonful every twenty minutes, stating that I would be there in an hour or two, and I was; but the child was born about fifteen minutes before."

"On the 14th day of July of the present year I was called to attend Mrs. B. in her third labor, some two miles in the country. I left home at 3:30 A. M. When I arrived at the house I found nothing to indicate that I would be permitted to return home sooner than—I will say a number of hours. I found presentation all right, some dilatation, but there was but little advancement. The pains seemed to be of excruciating character, but not the kind to do more than to wear the patient out. She told me that the same kind of pains had been on for a day and night, so I continued with the *Mistletoe* in half-teaspoonful doses every twenty minutes. Pains came on; in just one hour her extreme agony ceased. Labor came on, and in half an hour more the child was born."

"In all these cases the placenta came readily and everything progressed well after birth. I said I left my office at 3:30 A. M., and I was at home again by 7 A. M. It may be that four cases are not sufficient to decide on the merits of a remedy, but the change was so decided and prompt that I am satisfactorily convinced that in *Mistletoe* we have an oxytocic that is superior to all remedies hitherto tried."

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## BOOK NOTICES AND GOSSIP.

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**Saw Palmetto.** (*Sabal Serrulata*.) Its History, Botany, Chemistry, Pharmacology, Provings, Clinical Experience and Therapeutic Applications by Edwin M. Hale, author of "New Remedies," etc. 96 pages. 12mo. Cloth, 50 cents net; by mail, 55 cents. Philadelphia. Boericke & Tafel. 1898.

*Sabal serrulata* is a remedy of such marked characteristics, and one that covers some conditions that have hitherto had no remedy, that Dr. Hale's exhaustive treatise on the remedy ought to be assured of a hearty welcome from the medical pro-

fession, too many of whom are unaware of the virtues of this powerful drug. *Sabal serrulata* has been successfully used clinically in iritis where the prostate gland is involved, chronic inflammation of middle ear, as a spray in laryngitis, bronchitis and many other throat troubles for which it seems to be an excellent remedy, chronic incontinence of urine, chronic and acute gonorrhœa, urinary fistula, enlarged prostate and prostatic diseases (for which it is justly celebrated), loss of sexual ability in men and a number of other conditions. The remedy is well worth a careful study and Dr. Hale's is, we believe, the only book on the subject ever printed. It is worth its price to any physician or specialist.

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**Lectures on Nervous and Mental Diseases.** By Charles Sinclair Elliott, M. D. 912 pages. 8vo. New York. A. L. Chatterton & Co. 1897.

"Every general practitioner," writes Dr. Elliott, "should know something of neurology, for there is no special line of study which the worker in general medicine or the family physician should apply himself to more assiduously than the nervous system, for it is a fact that all will admit that, after all, *the nervous system represents our main capital*;" granting the truth of this (which no one will deny); then we can say that the best work on the subject of neurology is the one before us, for it gives everything that can be found in the latest old school works in addition to what is original with its author, and *also* gives the practitioner sound homœopathic therapeutics for each of the diseases. Electrical and surgical treatment receives a full share of attention and "Orificial philosophy" is not neglected. On this latter bone of contention Dr. Elliott says: "Orificial philosophy in reality is the study of the sympathetic nervous system — its relations and its diseases, and the best measure to be used for the cure;" it "does not conflict with any other measure for giving relief. It does not deny the truths of the *Organon*, nor the law of *similia*, but it supplements when the organism fails to respond. It paves the way for the potentized drug. Remedies whose action before seemed to be inert now respond with brilliant results." The book contains quite a large number of colored plates, besides black and white illustrations.

**Alaska. Its Neglected Past, Its Brilliant Future.** By Bushrod W. James, A. M., M. D. 450 pages. 12mo. Cloth, \$1.50. Philadelphia. Sunshine Publishing Co. 1897.

At this time, when thousands have determined to go to Alaska to seek their fortunes, and other thousands are hesitating whether to go or not, the appearance of Dr. James's book is timely; it will give the reader full information concerning the new El Dorado. It contains a number of good half-tone pictures and sixteen maps.

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**The American Year-book of Medicine and Surgery. A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs, and Text-books of the Leading American and Foreign Authors and Investigators.** Edited by Geo. M. Gould, M. D. Illustrated. 1077 pages. 8vo. Cloth, \$6.50; Half Morocco, \$7.50. Philadelphia. W. B. Saunders. 1898.

To those who have the preceding volumes of this really great work no more need be said than to announce the appearance of the volume covering the year 1897. To those who have not seen it we may state that it is from four to six times the size of the old-fashioned "year books." Homeopathic authorities are not quoted, we believe, Dr. Gould being too orthodox for that; but the ground he does cover is covered effectually. The book is for sale by *subscription only*. Address the publisher, Mr. Saunders.

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**Orthopedic Surgery.** By James E. Moore, M. D., Professor of Orthopedia and of Clinical Surgery in the College of Medicine of the University of Minnesota. 177 illustrations. 354 pages. 8vo. Cloth, \$2.50. Philadelphia. W. B. Saunders. 1898.

"Orthopedic surgery comprises the prevention and correction of deformity," and the author's aim in writing this book has been to eliminate everything but the practical, and to give the profession a helpful reference book in this increasingly great branch of surgery. He has succeeded. Great as has been the advance in orthopedic surgery (to go a little outside of the notice), we should advise every reader to study the question of

deformity and blight, as Burnett puts it in his "Delicate, Backward, Puny and Stunted Children." It is a strange companion to go with a work like Dr. Moore's, but, to those who can read the deeper secrets, a fit one."

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**Elements of Latin.** For Students of Medicine and Pharmacy: By George D. Crothers, A. M., M. D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and Hiram H. Bice, A. M., Instructor in Latin and Greek in the Boys' High School of New York City. 5¼x7½ inches. Pages xii-242. Flexible Cloth, \$1.25 net. The F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

An excellent little book to ground the student in so much Latin as is essential to his medical or pharmacal studies. It may be said that a man should master Latin before he studies medicine, but the trouble is that practically when one has mastered the dead languages he has not, in most cases, sufficient "grey matter" left to master anything else. A bright student can get the needed Latin in this book.

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WE learn that the work on "Practice," upon which Dr. H. R. Arndt has been engaged for several years, is about completed and will be put in the compositors' hands before long. The publishers, Messrs. Boericke & Tafel, hope to have it out about the time for the opening of the college terms next fall.

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THE second edition of Dr. James C. Wood's "Gynecology" is completed with the exception of the index, and ought to be ready for delivery from the binders by the end of this month.

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MESSRS. BOERICKE & TAFEL have in press a work on the "Therapeutics of Sciatica," by Dr. F. H. Lutze, of Brooklyn. It will be a valuable work.



DR. BIDDLE'S "Answers to Questions Concerning Homœopathy." continues to be the most popular homœopathic tract published, and many physicians who want to enlighten their public are using it for that purpose. \$3.00 per hundred, \$4.00 for two hundred copies, or 50 cents a dozen.

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DR. E. B. NASH'S "Leaders in Homœopathic Therapeutics" is well under way. Watch for it. Worth it!

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BRADFORD'S "History of Hahnemann College" is in the compositors' hands and will be out by the time of the 50th anniversary of the college to be celebrated this year.

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IF you ever have occasion to recommend a work to a mother for her baby and herself, do not forget good old Dr. Williamson's "Diseases of Females and Children," recently reprinted. It is elementary Homœopathy, and will reach the spot in a large majority of cases. The title is not as elegant as it might be, but the work, as far as it goes, is as sound as an autumn nut. Though the first edition was published in 1848, the publishers report that the sale of the reprint (3d edition, 1871) is really surprising. All which seems to demonstrate that sound homœopathic work never becomes obsolete.

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ANOTHER old evergreen, *Hull's Jahr, Symptomatology*, has had to be reprinted (from the plates). It is a work of 1272 pages and sells at the net price (half morocco binding) of \$4.80; by mail, \$5.18. It is the *materia medica* on which such men as Farrington relied, and, considering the very low price, there is no reason why it should not be popular among the medical students to day, especially those who are not rolling in wealth. It embraces all of our well-proved remedies and does it most effectually.

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"I WAS very much interested in Clarke's *Prescriber*. It will prove a sort of stepping stones for the young prescriber. Like a remedy, every book has its place. The place for this one is to lead on to such advanced works as Lilienthal's Homœopathic Therapeutics, which every prescriber should own, just as that



leads or should lead to Allen's Symptom Register, Boenninghausen's Pocket Book and others. I was especially interested in the chest diseases (lungs and heart) and diseases of children. In bronchitis *Belladonna*, so often indicated in America, is omitted. In pneumonia he gets *Phos.* in too early I think. Indications in tuberculosis pulmonum are concise, abridged but valuable. In pleurodynia *Kali carb.* is absent—a most reliable remedy. The heart remedies are well given—concise it is true. How long to continue a remedy in an acute or chronic disease is not stated. In pleurisy we miss that valuable remedy *Sulphur* where the effusion is persistent. Some years ago Prof. Talbot, of Boston, reported several cases cured with this remedy when tapping had been ordered and failed. In spinal irritation only one form is recognized, *i. e.*, anæmia. The remedy indications given are good, but the hygienic and electric indications are omitted. In a word, we would add, herewith the spine. The directions for case-taking will be very helpful. On a whole the book will greatly assist the young physician.—  
*Dr. T. C. Duncan.*

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OWING to the great popularity of the new American edition of the famous Clarke's *Prescriber* the publishers, Messrs. Boericke & Tafel, have, in addition to the regular cloth binding, had it bound in cloth interleaved and also in flexible morocco with gilt edges, in which shape it makes an elegant and useful pocket companion. The interleaved makes the most convenient and *best arranged* note book for entering points on the treatment of any diseases that can be found. The Hahnemann *Institute* says of it: "This is the book that will fill the wants of that student who said: 'I wish I had a book that would tell me, when I get into practice, just what is apt to be the medicine most frequently indicated in a given condition and what potency and how often to prescribe it.'"

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AMONG the new books announced by Mr. W. B. Saunders, medical publisher, Philadelphia, is an English edition of the famous Lehmann *Medicinische Handatlanten*, each volume of which will contain from fifty to one hundred unusually fine colored plates. Seven of these "Atlases" are announced, embracing, "Internal Medicine and Diagnosis," "Legal Medi-

cine," "Operative Surgery," "Laryngology," "Eye," "Venereal Diseases" and "Skin Diseases." The announcement says: "These Atlases offer a ready and satisfactory substitute for clinical observation, available only to the residents of large medical centers; and with such persons the requisite variety is seen only after long years of routine hospital service." Among other new publications are de Schweinitz on "Eye, Ear, Nose and Throat," Guiteras, "Pathology," Peterson, "Legal Medicine and Toxicology," Stengel, "Pathology," Church and Peterson, "Nervous and Mental Diseases," Heisler, "Embryology," Kyle, "Nose and Throat," Hirst, "Obstetrics," West, "Nursing," besides new editions. A goodly array for one house.

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DR. TEMPLE S. HAYNE has sold his *Medical Visitor* to Messrs. Halsey Bros., of Chicago, and the journal for 1898 comes out under the experienced and able control of Dr. Wilson A. Smith. The type and make-up is an improvement over the old journal.

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In the February number of the *New England Medical Gazette*—the journal of the new pharmacopœia—we read: "At a time when the Pharmacopœia of the American Institute of Homœopathy is meeting with so much apparently intentional misrepresentation," etc. Is not the term "so much apparently intentional misrepresentation," misleading? We have seen just three adverse criticisms of the new work and two of them, one from the *Allgemeine Homöopathische Zeitung* and the other from the RECORDER, cannot truthfully be said to "misrepresent" it. The RECORDER pointed out two features of the new work for the consideration of the profession, namely: 1st. That it orders certain important tinctures to be prepared in a different manner from that directed by Hahnemann and followed by pharmacists ever since, the result necessary being a tincture different from that used by the provers, and 2d. That in condemning the dilutions made from the triturations of insoluble substances as directed by Hahnemann it condemns a big part the very foundation of Homœopathy, which consists largely of a record made with drugs prepared in *precisely* the manner which the new work pronounces to be inert. In this the RECORDER has *not* misrepresented the new pharmacopœia, but has simply, and clearly, stated what it teaches and what must be the inevitable result of the acceptance of that teaching. We would gladly have this vital subject thoroughly and dispassionately discussed, but if the discussion must take the form of recriminations, personalities and mere partisanship in which truth and Homœopathy are of less importance than party, then the RECORDER has nothing more to say on the subject.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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THE following from the *Homœopathic Student* (Chicago) shows the true spirit:

Frequently we meet some of our friends, who are studying in our neighboring schools, and they ask why did we take up the study of Homœopathy? They say they can see nothing good in our system of medicine, and are we well enough versed in the principles of our school to explain the why and the wherefore of our belief?

The truth which Hahnemann has promulgated and advanced is a mighty and vital one and we should study it carefully and be sure that we understand all the many underlying truths so that we can stand firm in the face of all argument and discussion.

We have, it is true, all the adjuvant studies and methods which are necessary for the examination and diagnosis of the diseases of our patients that the regular schools have and should be as able to diagnose and examine as they, but we also should have the foundation basis for our method of prescribing. It seems that in our desire to get thro' school and get to practicing, that we neglect to get at the bottom of our materia medica and the reason why we give this or that remedy.

Would it not be well to stop and consider this point and get such a firm grasp upon the meaning of *Similia Similibus Curantur* that we can never be shaken.

And, we may add, the nearer the student gets to original authority in his study of Homœopathy the better. No student who can possibly afford it should be without a complete set of all Hahnemann's writings; he should not sit in judgment (as is too often done) of Hahnemann until he knows *at first hand* what Hahnemann taught.

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HAHNEMANN was born in the year 1755.

The *Chronic Diseases* appeared in 1828.

The doctrine of Rademacher is dated by Park in his "History of Medicine" from the year 1772.

Grauvogl, in his *Lebruch der Homœopathie*, says of the Rademacherians that they "know nothing more of the itch than that a mite, the *acarus scabiei*, produces it."

From the foregoing we can conclude that Hahnemann was not in error concerning the significance of the itch, for the *acarus* was evidently well known *long* before he wrote his last and greatest work.

Grauvogl says, of what we might almost call the itch epidemic: "After the destruction of all the mites, and the removing by inunction of the copiously discharging eruptions, such diseases rapidly ran a fatal course, or left behind them chronic diseases; that hence these violent phenomena, *constantly* following the itch, could not be dependent merely upon the presence of the mites, but upon their specific excretion or excrements taken up by the blood, if indeed it may not be assumed, from historic facts, that the *acarus* itself is not always the cause, *but rather the result, the final product.*"

Even Ptomaines are not "new!"

From the foregoing may it not be assumed that the errors connected with the *Chronic Diseases* are not *in* the book, but in men's understanding of it? The psoric theory of disease will stand the "search-light" better than any other extant.

And be careful not to say that Hahnemann saw in suppressed itch the cause of psora, and hence of chronic psoric diseases, for that is by no means taught; on the contrary, the itch was but one of the *many* external manifestations of psora.

IN a letter to the *North American Journal of Homœopathy*, January, Dr. J. B. Gregg Custis, after quoting Dr. Helmuth to the effect that the work of the original provers represents more of value to suffering humanity than the sum total of the "original work" of those who claim to be "regular," says (anent the discussion on *Materia Medica*):

No one connected with our school has improved upon the fundamental rules laid down by Hahnemann for the proving of drugs, or the recording of symptoms produced during the proving; and I will venture to say that, during the last twenty years, there has been no original proving published, which, for practical results, ease of comprehension, or freedom from just criticism, compares with Hahnemann's proving of *Bryonia*. The reason for this is that Hahnemann had but one object in view, the cure of the sick. The prover of to-day adds to this his wish to keep within scientific requirements, to avoid the criticism of skeptics, and, above all, to avoid the charge of too great credulity.

And also:

There are but few physicians who, in their daily practice, stop to assure themselves that the remedy prescribed covers the totality of the symptoms. They instinctively admit that if two or three more or less characteristic symptoms are covered, those remaining will be found in an exhaustive proving of the remedy; and yet, they want the *Materia Medica* expurgated and reduced in size.

And finally:

So let our old *Materia Medica* remain as it is, make its application the special study, give the enlargement of its groups to those who have made it their life work, hold them accountable for characteristic symptoms recorded, and encourage them to carefully prove the new remedies, such as *Stropanthus*, *Fusil oil* and the different products of coal tar.

All which is well said and sound common sense. There is no easy road for true homœopathic prescribing, and if there were the patients would soon discover it themselves and save the doctor's fees. "So let our old *Materia Medica* remain."

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"I AM inclined to think that post-operative traumatic insanities are more common after pelvic operations than after others. A great deal of uterine and ovarian disease should escape the knife by use of patient medical treatment. No grave surgery of the pelvis should be allowed without medical consultation."—  
*Weir Mitchell.*

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#### EDITOR OF HOMŒOPATHIC RECORDER.

Is our *Phosphorus* unreliable? I was surprised and pained to read in an article on *Phosphorus* in the *Medical Century*, this: "the best results are obtained not from our Homœopathic preparations but from granules or pills representing about the same drug quantity, but prepared in such a way that oxidation does not take place." Is that so? Was not Hahnemann a chemist and did he not know how to prepare phosphor so that we could get the best results? I like not such talk: Is it true? I think not!  
H. S.

The *Medical Century* is a good journal, but not infallible and its commendation of *Phosphorus* "granules" is something of a break. All that any one knows of the true medical use of *Phosphorus* he gets from Hahnemann and until this time no one thought of using anything else than the drug prepared according to his directions. B. & T., for instance, have supplied the profession all over the country for many years with the remedy and have yet to hear of its being "unreliable" or giving anything but "the best results." But perhaps the item referred to (we have not identified it) is a "reading notice."

# PERSONAL.

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The man without a stomach suggests new fields for operation and the possibility that, like the appendix, the stomach is not necessary.

Dr. R. T. Gamble has removed from Beaver Dam to Boscobel, Wis.

Dr. A. Preuss has removed from Kansas City to Leavenworth, Kansas.

Out of consideration for the eyesight of its readers, *The Pulse* ought to change the color of its printing ink.

Never take the bull by the horns if you can avoid it; the tail is safer, if you must grab him.

True homœopathic pharmacy individualizes remedies with the same care that homœopathic practice does patients.

Francis M. Bennett, M. D., has removed to Springfield, Mass.

"There is no fundamental difference between man and the higher mammals in their mental faculties."—*Darwin*. Complimentary to ——— which?

The only thing the Cape Colony government have to show for Koch's serum against the Rinderpest is a hole in the public purse and an increased mortality; only this, and nothing more.

German, Professor, Marpmann, Leipsic, has examined sixty-seven kinds of ink and found bacteria and danger in every pot.

*Med. Monatschrift für Hom.*, Dec., '97, says that a patient was given *Ant. sulph.*, and it unexpectedly cured his bronchial catarrh of long standing; it is said to be a powerful bronchial remedy.

"The first thing to be noted about the word 'scientific' is, that it has no *absolute* meaning whatever."—*Hom. World*.

Dr. T. M. Strong has resigned the position of Resident Physician of the Massachusetts Homœopathic Hospital and has removed to Hotel Ilkley, Boston, and will devote his attention to nose and throat diseases exclusively.

Kraft says he will continue to "hew to the line."

Dr. E. L. Crutchfield, Baltimore, cites two cases in his practice where *Arsenic* administered as a remedy produced herpes zoster in the patient.

"The oyster must go," or ought to go, before the soup—blue points on the deep half-shell.

The new Pharmacopœia from Boston says graphites is a "metal," which is news, indeed. Same work also speaks of an "inodorous metal," which is something like unto "cold ice."

Anyone contemplating locating in Oswego, N. Y., would do well to correspond with E. L. Hinman, M. D., of that city.

It is now in order for the Kaiser's ministers to find dangerous bacteria on the Yankee bicycle.

The last month of winter! Good!

Dr. Bradford says, study *Pulsatilla* and you will find the epidemic remedy for this winter's grippe.

Elliott's *Lectures on Mental Diseases* is the completest and best homœopathic work on the subject in print. Just out.

Take a trip out to Omaha, O., ye denizen of the East, and learn that there are other boulders on the beach, and more than one, too.

Well, the RECORDER is growing, as you can see. One dollar a year. Send in your subscription.

# THE HOMŒOPATHIC RECORDER.

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## THERAPEUTICS OF TYPHOID FEVER.

By C. Sigmund Raue, M. D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

Although no absolute limit can be placed to the number of remedies which may become indicated in typhoid fever, as the individuality of the case alone is our guide in the selection of a drug here as well as in any other disease, still there are a few special remedies which have stood the severest tests of clinical application, and as they are the ones we find indicated in the majority of cases a consideration of their symptomatology will be the sole efforts of this paper.

*Agaricus.* In typhoid fever where the nervous symptoms predominate. Low fever, tremulous tongue, and general tremor of the entire body. Progressive heart failure in drunkards with typhoid fever.

*Apis.* Admixture of malarial element. Chilliness in afternoon with oppression of breathing; heat without thirst; later unconsciousness with involuntary stools; dry tongue, which is cracked and covered with aphthæ, difficult to protrude, difficult deglutition; scanty urine; muttering delirium

*Arnica.* General stupefaction of the senses; general soreness, bed feels too hard; the sleep is disturbed by anxious dreams; the tongue is red and dry, with a brown streak down the centre; putrid taste in mouth; fœtor ex ora; involuntary discharge of fœces and urine; the extremities become cold while the head remains hot; hemorrhages and bed-sores develop.

*Arsenicum.* Low types of typhoid, usually the later stages in unfavorable cases. Farrington cautions against the early use of *Arsenic* in typhoid fever, and considers it a remedy capable of



doing absolute harm unless clearly indicated. It is most useful in the young or aged, or those debilitated by previous ailments. The general symptoms so characteristic of *Arsenic*, such as great restlessness, prostration; thirst for small quantities of water; hot, dry skin; general aggravation of all symptoms soon after midnight or noon; cadaverous smell of the discharges as well as the patient—are all prominent indications for its use.

*Baptisia*. The well-known mental symptom, the hallucination that the body is dismembered, that certain parts of the body are double, or that there is a second self in the bed with the patient, is a strong indication for *Baptisia*, although its absence by no means deprives this drug of its usefulness in typhoid fever. *Phosphorus* and *Petroleum* both have similar symptoms. The condition calling for *Baptisia* is characterized by great weariness and a bruised feeling of all the limbs, together with a low type of fever and physical prostration; offensive diarrhoea; breath, sweat and urine are alike offensive; there is dull, stupefying headache; the patient is delirious, sleeps heavily and is aroused with difficulty. The tongue is dry and brown, the conjunctivæ injected, the face flushed, with a besotted expression; exhaustion is marked. *Baptisia* may be indicated early in the disease when the symptoms are intense from the beginning, excluding such remedies as *Bryonia* and *Gelsemium*.

*Bryonia*. *Bryonia* may be indicated at any stage, although its most frequent application will occur during the first stage. The symptoms are very characteristic and prominent calling for its selection—irritability, lassitude, desire to remain quiet and sleep; headache, worse from opening the eyes or moving the head; dryness of the lips, mouth and throat, with thirst for large quantities of water; aching of the limbs, worse from motion; frequent brown, putrid, loose stools; delirium at night and restless sleep, disturbed by dreams of business affairs; wants to go home; visions when closing the eyes.

*Carbo veg.* *Carbo vegetabilis* is indicated in extreme cases. It has well been said, "The *Carbo vegetabilis* patient is dying," and although many a life is saved by the timely application of this remedy, cases are nevertheless critical in which it brings on reaction and gives the organism another chance to rally. The picture is familiar to you—progressive stupor; lustreless eyes, with sluggish pupils; hippocratic countenance; parched tongue; distended abdomen; involuntary diarrhoea; hemorrhages



from the nose, mouth or intestinal tract; cold extremities, the coldness gradually extends from the feet up to the knees; small, frequent pulse, at times imperceptible; decubitus. The *Carbo vegetabilis* patient is passive, the *Arsenicum* patient active in his decline.

*Geselmium*. In the early stages *Gelsemium* is frequently indicated on the symptoms of lassitude, drowsiness, dull headache, with heaviness of the eyelids and photophobia; slow, intermitting pulse, accelerated from slight exertion; blueness of the lips; chilliness up and down the spine; epistaxis; catarrhal conditions of the eyes and respiratory tract; diarrhœa.

*Hamamelis*. Hemorrhages of dark, fluid blood from the bowels, with great soreness of the abdomen.

*Hyoscyamus*. The delirium indicating *Hyoscyamus* is characterized by loquacity, obscene actions, or even attempts at violence. The patient picks at the bedclothes and grasps at flocks in the air, with continual muttering. *Stramonium* is similar, but the loquacity is confined to one subject and the patient is more noisy, often crying out in terror from supposed visions of horrible animals, bugs and the like, which he sees coming out of the floor, crawling along the ceiling, etc. The automatic movements of the extremities occurring during the delirium is also characteristic in both drugs; in *Hyoscyamus* they are angular and jerky, in *Stramonium* gracefully executed in gyratory motions. *Hyoscyamus* also has total loss of consciousness, with dry tongue, involuntary stools, subsultus tendinum, dribbling of urine.

*Lachesis*. The *Lachesis* patient is also loquacious, but he jumps from one subject to another in an incoherent manner; there is stupor, dropping of the lower jaw, dry, red or blackish tongue, which is red at the tip and bleeding, and trembles on being protruded; the stools are horribly offensive, the abdomen sensitive to touch, and all symptoms are more intense after sleep. The fever is highest in the afternoon, the patient is restless, the surface of the body is cyanotic, and a sense of suffocation about the throat overcomes him on falling asleep.

*Mercurius*. The characteristic nocturnal aggravation, the greenish-yellow stools, broad, flabby tongue and drowsiness may indicate *Mercurius*, especially when there is hepatic disturbance in connection with the case.

*Muriatic acid*. Low types of typhoid fever, in which the patient is stupid, sliding down to the foot of the bed; the tongue is

parched and dry, difficult to protrude; stools involuntary while passing urine; loud moaning during sleep, and when awake not fully conscious to his surroundings.

*Nitric acid.* Deep ulceration of the bowels, with hemorrhages and great sensitiveness of abdomen in the region of the cæcum, and intermittent pulse. Also hypostatic pneumonia; brownish, bloody expectoration, rattling cough; "too weak to talk."

*Opium.* Either complete loss of consciousness, with loud, stertorous breathing, contracted pupils, face dark red and bloated or pale and deathlike expression; dropping of the lower jaw, hot sweat; or delirium with sleeplessness due to hyperæsthesia of the special senses, so that slight noises keep him awake.

*Phosphoric acid.* Low typhoid state, in which the patient becomes totally indifferent to his surroundings. He can be aroused but with difficulty, and soon relapses into his apathetic condition. There is great debility, rattling of mucus in the chest, rumbling in the abdomen, tympanites, grayish, watery stools; bleeding from the nose; red streak through the centre of the tongue; milky urine; clammy skin.

*Rhus tox.* After *Bryonia* and *Gelsemium*, *Rhus toxicodendron* and *Baptisia* frequently follow. The provings of *Rhus tox.* present a typical typhoid state, and the anatomical changes in the intestines closely correspond to the lesions of typhoid fever. The symptoms are sharp and well defined, as in the case of *Bryonia*. The mind becomes beclouded and the mental operations are performed with difficulty; the patient is restless from a distressing aching in every limb and constantly changes his position to gain relief (not as in *Arnica*, where there is soreness induced by lying in one particular attitude, which makes him seek a new position). The sleep is restless, disturbed by dreams of great physical exertion. The lips are brown and dry and the teeth are covered with sordes; the tongue is likewise brown and dry, presenting a triangular red tip. The diarrhoea is worse during the night, often involuntary during sleep. Beside this, there may be bronchitis; hypostatic pneumonia, with bloody expectoration; bleeding from the nose, and labial herpes.

*Stramonium.* The *Stramonium* stool is blackish and horribly offensive; the delirium noisy, and has been fully described under *Hyoscyamus*. Suppression of urine during typhoid fever is a prominent symptom.

*Sulphuric acid.* Protracted cases, especially in children with aphthous stomatitis, stools like chopped eggs and very foetid; hæmorrhages, with rapid sinking of the vital forces; desire for stimulants. Similar to *Phosphoric acid*, but more intense.

*Sulphur.* This remedy is often useful when other prescriptions have not yielded the desired results in the case. The lack of reaction is a strong indication for *Sulphur*, although its symptomatology furnishes ample instances pointing to its applicability in typhoid fever. Where the cardinal symptoms are retarded, the course protracted, and the type complicated, *Sulphur* will be indicated at some time or another.

*Veratrum viride.* *Veratrum viride* is indicated where there is furious delirium; full, tense pulse, later becoming soft and irregular; red streak down the centre of the tongue; pneumonic complications. *Tartar emetic* may likewise be called for where there is dyspnoea, cyanosis, rattling of mucus in the bronchial tubes, sub-crepitant râles, and œdema of the lungs.

*Zincum.* Abolition of all reflex excitability. Trembling of the hands, constant motion of the feet and lower extremities, cessation of diarrhoea, hippocratic countenance, subsultus tendinum.

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## PRIMULA OBCONICA—CONE-SHAPED PRIMROSE. ORDER: PRIMULACEÆ.

By E. V. Ross, M. D., Rochester, N. Y.

The following summary of the pathogenetic effects of *Primula* were produced from handling and in otherwise coming in contact with the plant, and so far as known the poisonous properties are wholly confined to the leaves.

The effects bear a close resemblance to *Anacardium*, *Euphorbium*, *Ranunculus*, *Rhus*, etc. It is evidently deserving of a thorough proving, and it is our intention to attempt one as soon as a reliable preparation can be had.

References: (1) *Syme, British Medical Journal*; (2) *London Lancet*; (3) *Homœopathic World*, March, 1892; (4) *American Homœopathist*, 1897, p. 429; (5) *New York Medical Journal*, January, 1898, p. 68.

- (1) 1. Eczema on face.  
2. Eczema on face and arms.  
3. Moist eczema on face and forearms, papular and excoriated.

4. Severe cracking over joints and fingers as from frost.
5. Great itching of the skin.
6. Eruption appears at night.
7. Eruption and itching worse at night.
8. The itching was intolerable at night.
- (2) 9. Irritable papular eruption on both hands, followed by desquamation.
10. Papular eruption on chin.
11. Eruption of small papules on a raised base with intolerable itching.
- (3) 12. Papular eruption (eczematous) on hands, wrists and fingers.
13. Skin red and swollen and itching violently.
14. At night she became feverish, hands and face would burn, then intolerable itching followed by erythema with small papules becoming pustular.
15. Papular eruption itching violently.
- (4) 16. Confluent blotches on face resembling urticaria.
17. Eruption between fingers which resembles scabies.
18. Desquamation.
19. Purple blotches on dorsal surface of hands.
20. Palmar surface of hands and fingers are stiff and unusable.
21. Deep-seated blisters form on tip of each finger and above and below each phalangeal flexure.
22. Blisters on fingers from which a clear fluid escapes on being pricked.
23. Intense itching and burning accompanies the eruption.
- (5) 24. Eruption preceded by pricking sensation which gradually changes to a smarting.
25. Skin tumefied and diffuse infiltration with a red serosity, with here and there small fullæ filled with a limpid liquid.
26. Eyelids greatly swollen and covered with large fullæ, eyes half closed.
27. Great tension and redness of skin resembling erysipelas.
28. Desquamation sometimes furfuraceous, sometimes lamellar, involving all of the epidermic layer in such a manner that in some places the papillary layer was exposed.

29. Eyelids stiff and immovable, resembling ptosis.
30. Dryness and heat in palms of hands.
31. Deep infiltration of tissues rendering the parts stiff and immovable.
32. Skin symptoms accompanied by pronounced febrile symptoms.

From symptoms Nos. 5, 6, 7, 8, 14, 15, 23 it would appear the time of aggravation is at night, and the most prominent sensation is *itching* and less prominent is burning. This is characteristic of the *Arsenicum* eruption, also of *Anacardium*, *Rhus tox.*, and some others. The eruption also bears a strong resemblance to these remedies, and if one may judge from the symptoms enumerated ought to prove a potent rival in erysipelas and eczematous complaints. *Rhus* poisoning will no doubt find a new and efficient remedy in *Primula*, and here let me state our experience in the treatment of the latter's complaint. It has been our fortune to see and treat a number of these cases. *Rhus radicans* (500) is our chief reliance, and in majority of cases it has proved all sufficient, its action being prompt and decided. Where there was deep infiltration of the tissues, giving the integuments a board-like feel, and accompanying the inflammation and swelling from the start, or remaining after the more acute symptoms have subsided, *Anacardium orient.* 500 and 47m has rendered us excellent service. When the eruption is pustular, and the pustules coalesce, forming thick scabs or crusts, we prefer *Ledum pal.* 500 (Tafel) and 1,000 (Skinner). In a few cases we have been compelled to resort to other remedies, but the *majority* of poisonings from ivy can be promptly antidoted by these three remedies.

Will others, who know of anything pertaining to the actions (curative or otherwise) of *Primula obcon.*, kindly make it known through the pages of THE RECORDER?

279 JEFFERSON AVENUE, ROCHESTER, N. Y.

[Messrs. Boericke & Tafel have a fresh plant tincture of the *Primula obconica*.—Editor of HOMŒOPATHIC RECORDER.]

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## NOTES OF PROVING OF SABAL SERRULATA.

[The following proving was sent me too late to be incorporated into the monograph *Sabal serrulata*. It has one characteristic symptom, "fear of going to sleep," which may prove of value.—E. M. HALE.]

Ten drops  $\theta$  (probably B. & T's.)

Decided tonic effect.

Some increase in sexual power.

Twelve drops.

MIND.—Irritability; impatience; fretfulness.

HEAD.—Pain and irritation at the base of brain and upper third of cervical spine. The latter was similar to the conditions in that locality for which we prescribe *Gelsemium*.

FACE.—Papular eruption on left temple and about the mouth. Slight neuralgia in right temple and right jaw.

SEXUAL ORGANS.—Slight irritation of the prostate gland. Some increase of sexual power.

GENERAL SYMPTOMS.—Nervous erethism. Weakness. Slight pallor of face. Sleeplessness. Fears to fall asleep lest something should happen. (Some undefined danger.)

#### Second Proving.

Park, Davis & Co.'s tincture or fl. ex., which of two is not noted. Quantity not noted, but certainly but a few drops, occasionally repeated.

SEXUAL ORGANS.—Great excitement for the first two days.

MIND.—Very irritable. Difficult to study or read.

SLEEP.—Fourth or fifth day. Great sleeplessness. After he had fallen asleep awoke at 1:30 A. M. and remains awake two hours.

Fears to fall asleep lest something should happen. Starts up with this fear as he is dozing.

GENERAL SYMPTOMS.—Much nervous erethism. Cannot keep quiet.

#### Third Proving.

Morgan's fl. ex. used. Quantity not noted. Certainly only a few drops repeated three or four times a day.

SEXUAL ORGANS.—Excitement which continued while drug was taken. Discharge of prostatic fluid from penis.

URINARY ORGANS.—Pain or irritation in region of the kidneys. Later an appreciable amount of albumen in urine; also a few renal cells. (The last symptom from memory, but, doubtless correct.)

## THE PATHOLOGY OF ARSENICUM.

An abstract of a paper read before the Cook Co. Homœopathic Medical Society, Jan. 18, 1898, by E. R. McIntyer, B. S., M. D., Professor of Mental and Nervous Diseases in the National Medical College of Chicago.

Perhaps no drug has a more profound and general action than has *Arsenic*. Its action may be classified

as  $\left\{ \begin{array}{l} \text{local} \\ \text{constitutional} \left\{ \begin{array}{l} \text{acute} \\ \text{chronic.} \end{array} \right. \end{array} \right.$

Locally it acts as a slow and exceedingly dangerous caustic. Hence it should never be applied for its caustic effects in any case.

The constitutional effects show a metallic taste, with spasm of the fauces, thus pointing to the pharyngeal plexus from the pneumogastric and glasso-pharyngeal nerves, notwithstanding the books tell us its first action is on the sympathetic, from which it extends to the cerebro-spinal.

Next we get violent burning pains in the stomach, followed by retching and vomiting. This again points to the peripheral endings of the pneumogastric. These symptoms could not be the necessary result of its local effects, since they "appear even in a greater degree and more speedily when *Arsenic* is applied to a wound than when taken into the stomach," so says Prof. Boehme.

The vomiting is accompanied by spasm of the œsophagus, again pointing to the pneumogastric as the point of irritation.

The thirst points to the intestinal absorbants, whose vessels are dilated by vaso-motor irritation, thus favoring a state of congestion of the gastro intestinal tract, which very soon reaches a stage of effusion when the action of the absorbants is reversed, so to speak, and the watery constituents of the blood are poured into the canal, which will help us to explain the watery, bloody, flocculent, slimy, mucous diarrhœa.

The congestion may go on to ulceration with vomiting of blood.

Through the pneumogastric nerve *Arsenic* exerts a very powerful action on the liver, causing in acute poisoning a loss of power to convert maltose into glycogen by the extraction of

a molecule of water. Since it cannot be stored in the organ as maltose, it is thrown into the general circulation, to be excreted by the kidneys, and we get diabetes. In chronic cases, the general devitalized condition of the blood renders it incapable of taking up oxygen in sufficient quantities to consume the carbonaceous matter which is deposited as fat. No known drug causes more marked fatty degeneration than *Arsenic*, not even *Phosphorus*.

This is not only shown in the liver, but in the heart and other organs. Knowing the marked irritating influence of *Arsenic* on the pneumogastric, we would expect to get a slowing of the heart's action, and we are not disappointed in that since we find it gradually becoming slower until it ceases. After death its interior presents numerous spots of extravasation, but no true inflammation.

This points to the vasomotor nerves of the organ whose function has been stricken down, producing in the capillaries of the heart the general state of asthenia that is such a prominent factor in the symptomatology of the drug, as expressed in the "Great exhaustion."

This action on the vasomotors is still further manifested in the serous effusions that are so prominent under its action. It rarely, if ever, produces true inflammation of serous membranes, since the congestion is so easily relieved by the discharge of the watery constituents of the blood from their surfaces, thus differing from *Bryonia* in that the *Arsenic* had previously disorganized the blood by the destruction of its fibrin like *Mercury*, but differing from the latter in the destruction also of the blood corpuscles.

*Arsenic* destroys the outer layers of the skin first, then attacks the deeper structures. Dr. Nunn, of Boston, has made some elaborate experiments on the frog, and I quote from her report as follows: "The general effect of *Arsenious acid* on the epidermis is to cause a degeneration and partial solution of the protoplasm of the cells, whereby (1) the whole epiderm becomes loosened from the subjacent derm, (2) the cells of the malpighian layer becomes incoherent so that whole layer collapses and its well-known architectural features become obscured, and (3) the intermediate layer separates from the malpighian layer below and, at times, from the corneous layer above. \* \* \* \* All the facts go to prove that the changes are the result of the *Arsenic*



acting directly on the epidermic cells themselves; in fact, a lethal stimulation, by which the destructive stages of the metabolism of the cells are hurried on beyond the separative power of the constructive stages."

This is a very graphic description, but I am not prepared to receive the reasoning in full unquestioned as an explanation of the dynamic action on the skin, because (1) the conditions were the result of hypodermic injections, and may have resulted from the local caustic effects of the drug, (2) the trophic nerves are ignored, and (3) the possible difference between the skin of the batrachian and the human being.

Indeed, facts contradict his theories, because the skin lesions in provings by poisoning and otherwise show lesions resembling indignant ulcer, and anthrax, which dip deep into the tissues. We cannot ignore the action of the trophic nerves in the production of the skin lesions or the baldness of *Arsenic*.

I have already referred to the action of *Arsenic* in causing diabetes through the pneumogastric. It has a direct effect on the kidneys, causing a degeneration very similar to, if not identical with Bright's disease.

This can only be credited to two sources, viz.: The disorganized blood or the nerve supply of the organs. If it is attributed to the blood, why are the changes different from those in other organs, which they are? Then one must refer them to the dynamic action on the pneumogastric or sympathetic, since both send fibres to the kidneys. Since they probably result from inflammation, we are justified in looking to the sympathetic vasomotors for the irritant.

On the bladder *Arsenic* causes retention of urine, or painful urination with great urging, and burning in the urethra. This points to a profound influence on the spinal cord, since it shows either paralysis of the detrusor urinæ or spasm of the sphincter, both of whose centres are in the lumbar cord. Since the retention of urine is accompanied by the other symptoms of irritation, and since irritation is such a prominent feature of the drug, we may conclude that there is spasm of the sphincter. However, from the well-known fact that paralysis is as sure a sequel to continued irritation as exhaustion is to over-action, we might expect finally to get paralysis of the sphincter with dribbling of urine. *Arsenic* seems to exert its action first on the cerebro-spinal system, and secondly on the sympathetic.

Through these systems its primary action is that of an intense irritant to almost every organ and tissue of the body, which is followed by the secondary action of exhaustion and destruction of the vital forces.

*100 State street.*

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## SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley, Bradford, M. D.

[N. B.—The symptoms in brackets were taken down in the class room and are not found in Dr. Lippe's published works.]

*Rhus tox.* Restlessness which does not permit one to sit quiet, and compels him to throw himself about in bed. (The *Rhus* patient never lies still unless too weak to move. The *Bry.* patient never wishes to move on account of pain.)

*Rhus tox.* Erysipelatous swelling of the head and face, with vesicles drying up and forming burning itching scabs. (See *Bell.*, *Apis.*)

*Rhus tox.* Erysipelas with vesicles containing yellow water. (*Euphor.*, *Canth.*)

*Rhus tox.* Cracking in the articulation of the jaw. (With involuntary yawning.)

*Rhus tox.* Sore throat, as from an internal swelling with bruised pain; also when talking, with pressure and stinging when swallowing. (Sensation of soreness in back on taking food — it strikes a sore spot on its way down. *H. N. Guernsey.*)

*Rhus tox.* Difficult deglutition<sup>1</sup> of solid food, as from contraction. (The *Lach.* patient can swallow solid food, but not liquids.)

*Rhus tox.* Thirst especially in the night, from dryness in the mouth, and mostly for cold water or cold milk. (Characteristic in fevers.)

*Rhus tox.* Longing for cold oysters. (*Lach.*, *Lyc.* and *Rhus tox.*, the three remedies for this.)

*Rhus tox.* Colic compelling one to walk bent (doubled up). (The *Coloc.* colic compels patient to bend double and to keep still, there is no wish to move. The *Bell.* colic compels patient to press against something hard. The *Rhus* patient walks about in colicky pain.)

*Rhus tox.* Sensation of soreness in the walls of the abdomen, especially in the morning, when stretching.

*Rhus tox.* Nightly diarrhoea, with violent pain in the abdomen, which is relieved after an evacuation (nightly diarrhoea of *Merc.* not relieved), or when lying on the abdomen. (In dysentery: The *Sulph.* patient lies on his back in dysentery; the *Merc.* patient is always in a perspiration.)

*Rhus tox.* During stool shortness of breath, (dyspnoea.)

*Rhus tox.* Prolapsus uteri from overstraining, overlifting.

*Rhus tox.* The lochia become bloody again (after labor) and smell offensively.

*Rhus tox.* After-pains of too long duration, after severe labor, with much and excessive straining. (From effects of straining.)

*Rhus tox.* Stitches in the heart, with painful lameness and numbness of the left arm. (*Acon.* and *Rhus t.* the two remedies.)

*Rhus tox.* Pain in the small of the back when sitting still or when lying; relieved when lying on something hard, or from exercise. (*Natr. mur.*).

*Rhus tox.* Painful swelling above the knee. (Housemaid's knee, when from a bruise.)

*Rhus tox.* Tension, stiffness and stitches in the joints; worse when rising from a seat. (Better from motion. *Bry.* Patient worse. *Lyc.* has stiffness in joints.)

*Rhus tox.* Pain as if sprained in outer parts; disposition to sprain a part by lifting heavy weights. (*Calc. c.*) (Sprains from overlifting, especially after getting wet.)

*Rhus tox.* Spasmodic yawning without inclination to sleep, and with stretching of the limbs, and pain as from dislocation of the articulation of the jaw. (Hysteria.)

*Rhus tox.* He falls asleep late; sleeplessness before midnight. (Wakes late in the morning. Worse before midnight — *Rhus* and *Phos.* Worse after midnight — *Ars.*).

*Rhus tox.* Heart disease from suppressed eruptions.

*Rhus tox.* Perspiration with violent itching of the eruption (in all eruptive diseases).

*Rhus tox.* Itching over whole body, especially on the hairy parts. (Worse on perspiring.) Stinging and tingling in the skin, burning after scratching. Erysipelas; vesicular. Zona. (Neuralgic pains remain after erysipelas, remain in parts that have been affected with zona.) Rhagades on hands in the winter, from cold. Milk crust.

*Rhus tox.* Pain as if the flesh were torn loose from the bones, or as if the bones were being scraped (with a knife). (This is found in no other remedy.)

*Rhus tox.* Bad consequences from getting wet, especially after being heated; from excessive bodily exercise; from bruises and sprains; from heavy falls; concussion of the body. (As in slipping on ice. Symptoms worse from getting cold or wet.—*Dulc.*; from getting cold or wet when heated—*Rhus tox.*; from lengthy and fatiguing exercise — *Ars.*; from very severe exercise for a short time — *Rhus tox.*).

*Rhus tox.* From cold bathing, convulsive twitches. (Head-ache from bathing — *Ant. crud.*).

*Rhus tox.* Aggravation; in the morning; after midnight; during every winter; while at rest (*Ruta, Rhod.*), reposing, lying down; on rising from a seat (*Lyc., Puls.*); or after rising from the bed; from stepping heavily on the ground; on change of weather; in wet weather; from getting wet; in cold air; from cold air in general; from cold water; from uncovering the head, (*Bell.*)

*Rhus tox.* Amelioration; when continuing to walk; from moving the affected parts; from stretching out the limbs; from warmth, warm air; wrapping oneself up warmly (must keep head warm — *Sil.*); in dry warm weather. (Soldiers after a night on the ground waken stiffened and must exercise in order to get "limbered up," after exercise the pain and stiffness passes away. *Rhus* is useful for old wornout horses who can hardly step when led from the stable. I have found it a benefit for log drivers, who are exposed to wet and over-exertion. *Br.*).

*Rhus tox.* In shocks from injuries give *Rhus t.*; in simple bruises—*Arnica*. In *Rhus* injuries patient trembles from the shock.

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## LIATRIS IN DROPSY.

By Dr. T. C. Duncan, M. D.

Any new remedy that promises relief in dropsy will be hailed with pleasure by the profession. Happening into a pharmacy soon after receiving the January RECORDER, a physician rushed in and inquired for "that new remedy for dropsy — that got rid of 'a gallon and a half of urine in one day.' Have a bad case cardiac dropsy. Wan't to try it. How do you give it?" He could not get it. "Get me some," was his order. "There is the article, be sure you get the right thing, *Liatris*!"

*Liatris spicata* is the familiar "button snake root" that I used to dig every fall for our old family physician (who called himself a "botanic physician") and who gave it for indigestion. It is also called "colic root" and "devil's bit," because a piece is missing from each tuber as a rule, just as if bitten out. Kost's Medicine (my first medical work) describes it as follows: "Root perennial, tuberous, ovate, abrupt, beset around the base with many very fine fibers; it is aromatic. Stem round, about three feet high, bearing a spike of scaly purple-colored blossoms, bearing in the aggregate a resemblance to an acorn. The leaves are linear or sword-shaped, somewhat resembling the leaves of young corn. It is found in prairies and open woods in the western States."

"The *Liatris* is an aromatic stimulant, diaphoretic, diuretic, anodyne and carminative. It is particularly useful in colic, back-ache and flatulency."

It is interesting to know that it has had clinically a good effect in dropsy, (1) due to liver and splenic enlargement, also (2) where the kidneys were involved. In the second case referred to, "*Apocynum can., Aralia, Digitalis, et al.*" had been given, but the kidneys failed to respond until the *Liatris* "was given in infusion," then "on the second day the patient passed a gallon and a half of urine" — equal to 192 ounces of urine! In the first case the *Liatris* was followed by *Ferrum carb.*

Whether it will prove equally efficient in cardiac dropsy only time will tell. I hope that the readers of the RECORDER will report results, whether favorable or otherwise. The dose that Dr. Bradley gave was about a pint drank during the course of the day containing about half an ounce of the root. The tincture will be more convenient, and it is a question if the dilutions will not be equally efficient. Try the third, and then go up or down the scale as the case seems to demand. This drug should be proved. It is harmless. If any young physician will volunteer I will gladly direct him.

Infusion of *Digitalis* (English leaves) is a favorite prescription with some physicians in cases of cardiac dropsy, but I have not found that form any more efficient than the dilution, except in cases where alcohol had been a cause, then *Strophanthus* or *Arsenicum* had a better effect.

## FIVE CLINICAL CASES.

By A. W. K. Choudhury.

**Lachesis in Headache.**

Patient, an old Mahomedan of about 60 years of age, came to my dispensary November 12, 1897. He had been suffering from headache for three days. It was a hemicrania, the pain being located near the left eyebrow. The headache was accompanied by a cold, and as soon as a discharge of a thick mucus from the left nostril would appear the headache lessened. Bowels opened twice daily, but had four loose stools the day before his first attendance. Urine slightly reddish. Appetite good, but sleep not good.

He was given one dose of *Lachesis* 6, and that cured him.

We sometimes see Homœopathy work magic.

**Baryta Carb. in a Case of Intermittent Fever.**

Patient named Pear Sirdar, aged about 17 years, color black, came to my dispensary on the 3d of November last suffering from an illness that had lasted a fortnight. The case runs as follows: Type, double tertian (a pair of fever days running side by side without having an apyrexial day after them, which would make such a case a double quartan, as I classify these fevers. We should remember that one of the two days is a comparatively light fever-day and the other a comparatively low fever-day); time, 2 P. M. (light fever-day) and 12 M. (high fever-day); yawning and stretching before chill; chill severe on high fever-days, with *no thirst*, *goose skin during chill*, chill not alternating with heat, body hot in chill, headache in chill; chill shorter than heat; heat slight, with *no thirst*, but headache; no sweat; apyrexia complete; bowels not regular; stool soft, with thread-worms; urine reddish, with burning in micturition sometimes; bad smell from mouth; aphthous ulcerations of tongue tip; labial commissures, with whitish ulcerations; no fever when seen; eyes icteric; pupils dilated; pain on percussion on epigastrium and right hypochondrium.

He was given *Bar. c.* 30, one dose per diem, first two days. He attended the dispensary till the 12th inst., when he was discharged as recovered. Since the 5th to the 12th inst. he received placebo. He was discharged when the aphthous state of

the mouth almost recovered with few dietetic instructions suiting the state. Two doses were sufficient to restore him to health.

An intercurrent complication made its appearance on the 5th inst.: an urticaria-like eruption, with itching of body and with swelling of the face, especially of the lips, together with heat of the fever, complicated the case. I stopped the medicine as expressed above. The urticaria with itching in heat of fever continued for two days, till the 6th inst., then disappeared to appear no more.

As this eruption with itching in heat of fever appeared after two doses of *Bar. c.* 30 on the second day of treatment, and disappeared since the 6th, the second day after discontinuance of the medicine, one may conclude the eruption to have been caused by the medicine.

No mention of such a symptom as itching, urticaria-like eruption in heat of fever is found in Allen's *Bænninghausen* or in the *Chronic Diseases* of Hahnemann under *Bar. c.* symptoms.

Do you know, my reader, such a symptom of *Bar. c.*? I will be obliged if you inform me of such a symptom.

#### Rhus Tox. in Lumbago.

Patient named Bahnran Chobay, aged about 28 years, came under treatment the 9th of November, 1897. He is a Darwan of a Zemindar; had been exposed to cold night air on his duty night following the 7th inst. Pain first felt 12 o'clock the same night. One hard, scanty stool the 8th inst., and no more stool; urine yellowish, with slight burning in passing; movement aggravates pain; increase of pain in coughing and in respiration; stiffness of the painful part.

*Rhus tox.* 6, four doses, cured him. Diet was rice and milk.

*Remark:* He is a strong, robust man, but the pain made him quite unable to sit on the ground and get up from that position without undergoing much difficulty. Four doses cured the patient. He was asked on the 11th inst. if he wanted any more medicine, but he gladly refused, as he had recovered.

#### Carbo Animalis in a Case of Cough.

Patient, a boy of 12 years. He had been suffering from cough for two years, when he came to my dispensary, December 6, 1897. The history and symptoms of the case are as follows:

Vaccinated when about four or five years of age; bad state of health since infancy.



Cough, increasing at evening and morning or after *lying down*, and that especially *at night*; *expectoration thick whitish* and sometimes *yellowish*; *expectoration in the morning and evening* and at night when lying down when he coughs; taste of sputa sweetish when thick; never expectorated blood; sputa sometimes frothy; *coughs more when lies on right side*.

Aggravation of cough whenever he catches cold; catches cold by exposure to cold night air or to water, as in bathing or in walking in rain; occasional increase with full or new moon.

Bowels irregular, a stool every second day; stool soft, with thread worms, with bad smell; grinding of teeth during sleep; occasional redness of eyes and sensation of sand and dust in them; heat from vertex; appetite good; sleep not good on account of cough; cough sometimes, with vomiting of frothy mucus; pain in abdomen during coughing; *great tendency to catch cold*; *susceptibility to cold*; feverish; had itch in early life.

Was given *Carbo an.* 6, daily, one dose—eight doses in all. He attended dispensary three times more on three different days, during which he reported his gradual and satisfactory improvement since the commencement of the treatment.

Although no final report of his full recovery reached me yet I have least hesitation to admit his full recovery.

#### Borax in a Case of Diarrhœa.

Patient, Ekeem Dalâl, a Mahomedan male adult, a quack using native medicines, but a firmer believer in Homœopathy, as he has attended my dispensary on many occasions, for his own as well as his wife's sake, with good effect. On this occasion he came to my dispensary on the 7th of December, 1897. His case is as follows:

*Aggravation in the morning, after a meal or a breakfast*; increase since about a fortnight; *stools fermented, yellowish, slimy*, with bad smell; *head hot*; pustular eruption on face, appetite not good; *flatus hot*; *frequent urination*; *distension of abdomen by flatulence after meal*; debility; cough with thick expectoration at the latter part of night till morning; thread-worms; pricking at the anus.

Given *Borax* 6, two doses—daily a dose.

*Remark:* Two doses quite restored his health; he reported thorough recovery by the two doses. Given sago for diet and allowed bathing.



This is the first case of diarrhœa that I have treated with *Borax*. I don't know how often others use *Borax* in diarrhœa, and with what result, Mr. Editor, and my dear reader may mention some such cases of diarrhœa cured with *Borax* and oblige.

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## TRANSACTIONS OF THE FIFTY-THIRD SESSION OF THE AMERICAN INSTITUTE OF HOMŒ- OPATHY.

As in the past we pick here and there, from the discussions and papers of this yearly report, a few practical points on the use of remedies, and such other matters as lend themselves to condensation, as may be of general interest.

### Combination Tablets Condemned.

The following resolutions were unanimously adopted:

#### RESOLUTION 1.

WHEREAS, There is being placed upon the market by pharmacutists, tablets and prescriptions of mixed drugs which individually have been admitted into our *Materia Medica* as proven homœopathic remedies, and as the spirit of Homœopathy is opposed to any such misuse of our homœopathic preparations, and as their use has not been, to any appreciable extent, discountenanced by the Homœopathic Medical Institution of this country in their teaching of Medical Students; therefore,

*Resolved*, That the American Institute of Homœopathy hereby expresses its disapproval of all such combinations, they being deemed non-homœopathic preparations and their use liable to call dishonor upon those of the profession who use them.

#### RESOLUTION 2.

WHEREAS, Drug manufacturers are now in the habit of preparing alkaloid preparations and tablets in divided doses, whose appearance and size resemble homœopathic remedies, and

WHEREAS, Many physicians calling themselves homœopaths are now prescribing these unproven drugs and combinations; therefore,

*Resolved*, That this Institute disapproves of their use as well as that of those proprietary medicines offered as remedies for special diseases, deeming them all un-homœopathic.

The resolutions were adopted.

### Homœopathy vs. Homeopathy.

The Committee on Medical Literature went on record against dropping the diphthong from the word Homœopathy and we think correctly. The life of a word comes through its roots, cut these all off and the word is dead; mutilate these and the word is mutilated.

**Lycopodium in Croup.**

Some interesting points were brought out in the *Materia Medica* discussion. Here is one by Dr. W. P. Wesselhœft.

A child of five years, every afternoon at four o'clock, was taken with a severe attack of spasmodic croup. It lasted three or four hours, and then passed away; the child slept quietly all night. This had occurred for several days at this regular time every afternoon at nearly the very hour. The mental conditions of the child were entirely changed, which was especially marked after waking from sleep. It would cry on waking; it was extremely angry and would strike or try to scratch the mother or attendant. I suggested to the attending physician, that on account of the mental symptoms and the marked four o'clock afternoon aggravation, *Lycopodium* seemed the remedy indicated. Now *Lycopodium* has no croup symptoms, but no other remedy in the *Materia Medica* has in so marked a degree the mental symptoms on waking, and the 4 P. M. aggravation. There was no recurrence of a croup attack after a single dose of *Lycopodium* in a high potency, and the temperament of the child became normal immediately. In this case the pathological condition, therefore, had nothing whatever to do with the selection of the remedy.

**Colchicum in Typhoid.**

Here is another by Dr. J. R. Simson, of Tonawanda, N. Y.

A man of nervous temperament had a very severe attack of typhoid. He was very wild, could not sleep, imagined his left half belonged to some other person, animals after him, would spring out of bed to get away, etc. And one peculiar and characteristic symptom was that his left pupil was contracted so as to be almost imperceptible, while the right was dilated the full extent of the iris. I was giving him the best indicated remedy I knew of. He had many symptoms which several remedies of the typhoid class have, except the eyes. I searched for days for a remedy with that symptom, and finally found it in the symptomatic indications of "Panelli on Typhoid Fever." Contraction of left pupil with dilatation of the right (*Colchicum*). I found further symptoms corresponding with this remedy. I gave him *Colchicum* and he became better immediately and slept until late next morning, and when he awoke was on a fair way to recovery. Now I fail to find that symptom in any *Materia Medica* or repertory.

**Aconite and Insanity.**

By Dr. A. Korndœrfer:

Von Helmont's experiment with the *Aconite* root gave us the peculiar symptom, "felt as though his mental acts were performed in the stomach." This seemingly ridiculous and untrustworthy symptom, for even von Helmont was unable to reproduce it upon himself, nevertheless led to the prompt and permanent cure of a case of insanity, in which this symptom was characteristically present. Such cases should warn us to "make haste slowly" in the work of eliminating the so-called useless symptoms of our *Materia Medica*.

### A Physostigma Symptom.

By Dr. Hiram L. Chase, of Cambridgeport, Mass., anent provings of drugs made by himself:

We sometimes, however, get very peculiar symptoms, and, if genuine, they are of great moment. In the proving of *Physostigma* many years ago, I experienced a severe pain in the right popliteal space — a very severe pain. Fortunately I had a case of the same kind two years later, which yielded quickly to a prescription based on this single symptom; which I had thought good for nothing, but this clinical experience was confirmatory of that proving. I advise every person here to prove drugs. If you have a case which corresponds you will have the proof in your own mind of the truth of Homœopathy.

### A Natrum Phosphoricum Case.

By Dr. Chas. Mohr:

I heartily indorse the sentiments of Dr. Chase, as I have always taken the position that the best thing a student can do is to engage in the proving of drugs, old or new, so that he will not use them empirically. I had an experience similar to that of Dr. Chase when I proved *Natrum Phosphoricum*, under the direction of the late Dr. Farrington. After being under the influence of the drug for some time, not knowing what it was, I experienced much itching about the joints, especially at the ankles, followed by an eczematous eruption. Associated with the objective symptoms, there were a number of subjective ones, besides the itching. I was in fear, very similar to the fear mentioned last night as attributed to *Natrum muriaticum*. I am not an emotional individual. I take everything pretty calmly, but, while under the influence of the drug, I could not get rid especially at night, of the idea that something would happen. I would waken frequently to see if everything was all right, being unduly apprehensive. There was an undefinable headache, with slight nausea, some indigestion and defects of vision, with dilatation of one pupil, which did not react as promptly as did the other. The symptoms finally passed off, but required an antidote, which proved to be *Sepia*, given under Dr. Farrington's directions. A couple of years later I had a patient who, among other symptoms, had some visual disturbance, and when the headache was worse and vision most disturbed, she had a haunting fear — a sense of fear, especially at night, and an eruption about the ankles which began with itching. I gave her *Natrum phosphoricum* the 6x, and that was the end of her sufferings.

### Salty Taste.

By Dr. Jas. C. Wood:

The patient, some six months after operation, complained of a salty taste in the mouth. I had prescribed several times without relief, and finally consulted a repertory, something I don't often do. I found the symptom under *Hyoscyamus*, *Sepia*, and other remedies. The moment *Hyoscyamus* was suggested I could see a perfect picture of the remedy in my patient and wondered why I had not thought of it before.

**Symptom of Hair on the Tongue.**

By Dr. Dr. A. P. Hanchett, Omaha, Neb.:

I had a typhoid case recently in which the remedies did not seem to have the desired effect, and where I found this peculiar symptom; the young woman, about twenty years of age, in the second week of typhoid fever, complained constantly of a difficulty in drinking because of a hair on her tongue. When the nurse would administer water, even in very small quantities, the patient would rub her tongue and complain of that hair. I paid little attention to it at first, and thought it was simply because the tongue was dry, or that it might be merely a passing whim. The next day, however, both the mother and the nurse called my attention to the peculiar symptom. I found this symptom under *Nitric acid*, which also corresponded to many of the patient's symptoms. Other remedies have the symptom of sensation of hair on the tongue, but I think it is oftener found under *Nitric acid* than under any other remedy, and, in this case, as it corresponded to so many of the other symptoms, it was given. The results were more than could have been expected, as we often see when we get the right remedy. The disagreeable symptoms vanish one by one, and the patient goes on to recovery.

**Pulsatilla.**

By Dr. B. G. Clark, New York:

George W. Worchester, M. D., of Newburyport, Mass., first called my attention to it in diphtheria, as a remedy for the severe backache which often accompanies that disease, and I have used it several times since. The remedy will be called for in the earlier stages when there are present, high fever, severe frontal headache involving the eyes, which is worse by moving eyes upward, patient is very restless and complains of a backache "that seems as if it would break," the throat looks dark or purplish, with veins prominent, with scraping sensation in throat and dryness and difficulty in swallowing. The color of the throat reminds one of *Lachesis* or *Baptisia*—the membrane was yellowish in the cases which have used it. Thirstlessness is a characteristic of *Pulsatilla* that is usually looked for, yet it has a thirst that calls for "a little and often" similar to *Arsenicum*, *Apis*, *China*, and some other remedies, and in all acute diseases where I have seen this remedy indicated that form of thirst for "a little and often" was present.

In follicular tonsillitis it is a valuable remedy. With symptoms similar to those just referred to: tonsils studded with ulcerated points and often covered with a sticky mucous, scraping in throat, restlessness, thirst for "a little and often" or no thirst, with that severe backache I usually use a warm (not hot) milk and water gargle in these cases to aid the suppurative process.

Again in "La Grippe" *Pulsatilla* should be studied. In my own case, in 1890, the backache, restlessness, and severe headache are still remembered.

The physician who was called to prescribe for me gave me *Rhus tox.* 30. During the day three other physicians came to see me about my patients. Two of the doctors were looking after some of my work, and the other had been called in consultation with me that day regarding a case. They came

at different times and all said *Rhus tox.* was my remedy. I kept on taking it until late in the evening, when the remedy was changed to *Pulsatilla* 200, and relief began soon after the first dose, and rapid improvement ensued.

*Rhus tox.*, I believe, is often given when *Pulsatilla* would be more homœopathic.

Since my own case, I have often used it according to its indications in "La Grippe," and it has done splendid service.

### **Thlaspi Bursa Pastoris.**

By Dr. Millie J. Chapman:

Our knowledge of this remedy is derived from the early observations of Rademacher and the later provings by Dudgeon, Boenninghausen, Lippe, Hale, Macfarlan, McGeorge, Claude and Fahnestock.

The provings are brief and do not furnish very full indications for its use. However, from them we learn of its effectiveness in expelling accumulations of sand and uric-acid crystals from the kidneys and bladder, also in controlling hemorrhage from the nose, kidneys, or uterus.

My attention was first called to this remedy in cases of subinvolution following either abortion or labor at full term, where it many a time induced recovery.

I have since witnessed equal success in hemorrhage from uterine fibroid where the flow was controlled, and the growth was greatly reduced in size before the age of the individual would naturally produce these changes. Also uterine hemorrhage, attended with cramps and expulsion of clots, has been relieved by it after curetting had failed.

A member of the Women's 'Provers' Association took five drops of the tincture three times a day for ten days. This was followed by a great increase of urine and a menstrual flow lasting fifteen days. She became alarmed and could not be persuaded to continue the proving.

Another took ten drops, three times a day, for five days, when the quantity of urine and brick dust deposit were so unusual that her interest in scientific investigation suddenly ceased.

About a year since, there came for treatment a patient who had suffered long from both disease and treatment of the bladder. *Thlaspi* 2x and later five drop doses of the tincture expelled great quantities of sand, and was followed by complete relief of the bladder symptoms and the disappearance of rheumatic pains that had been supposed incurable.

Another case of similiar bladder irritation and marked evidences of gout was promptly relieved.

*Thlaspi* also has a reputation in the cure of urethritis following marriage.

The good results from its clinical use convinces me that a more thorough proving would insure a more frequent administration of this remedy.

### **Thuja in Cancer.**

By Dr. R. C. Allen, Philadelphia:

We are frequently called upon to treat cases which have been given up as hopeless by the surgeon, and in many cases have cured them. I wish to

cite just one such case and the result. I had a case six or seven years ago in which there was made a diagnosis of uterine fibroid. Dr. Van Lennep confirmed this diagnosis and offered no relief surgically, believing that she would surely die before long. Her friends expected her death, but by the aid of the internal remedy she is to-day a well woman and a fine specimen of physical womanhood. Her remedy was *Thuja*.

### **Arsenicum and Cancer.**

By Dr. J. J. Thompson, Chicago:

It seems curious that after so many well-authenticated cases are brought to light still there are learned men who say that cancer cannot be cured by the internal remedies. I have now under my care a lady who some eight years ago had her disease diagnosed by Professor Hobart, of Chicago, as cancer of the uterus. He called Dr. Charles Adams, of the same place, in consultation, who pronounced it cancer and advised operation, without, however, holding out a very substantial hope of cure, so the advice was not followed. She was then put on the opium treatment to relieve pain, and at the time of Dr. Hobart's death was taking an immense quantity of opium daily. To-day she is not taking any opium, seldom complains of pain, and eight years after the first diagnosis of cancer there is very little enlargement of the uterus. She was under Dr. Hobart for three years and he gave her *Arsenicum*. Since then I have occasionally given her the same remedy in the 3d to the 30th potency. She is well and presents no symptoms of cancer. I believe there are many here to-day who could tell of similar cases.

### **Passiflora in Typhoid.**

Dr. Richard Kingsman, Washington, said, anent the nervous symptoms of typhoid:

*Passiflora* is one of the best all-round remedies that I have ever used for general nervousness and insomnia. I usually put one drachm of the tincture in a glass two-thirds full of water and give one tablespoonful of this mixture every hour while the patient is awake. If nervousness and sleeplessness is the most annoying feature of the disease, I frequently keep the patient on this medicine for twenty-four hours with happy results.

## **ABOUT CORALLIUM RUBRUM COUGH.**

By T. C. Duncan, M. D.

*Corallium rubrum barking cough.* Dr. Rockafeller, HOMŒOPATHIC RECORDER, December, 1897, relates a case of a boy of 10, with a cough "like the barking of a dog." The family had a dog with a similar cough that died. The people feared hydrophobia. The cough was *incessant during the day* but *at night* he was *entirely free*. *Atropine* suppressed the cough when given in phy-

siological toxic doses. *Belladonna* had no effect, but *Corallium rub.* 3x trit. gradually controlled and in five weeks cured the nervous spasmodic stridulous cough. In the provings and record given in Allen's *Encyclopædia* there is no similar cough symptom. Teste proved this remedy and obtained "some characteristic symptoms" which induced him to "prescribe it, sometimes with striking success, for nervous cough, asthma of Miller, endemic whooping cough and for certain forms of gastralgia. I believe that the action of *Corallia* is very similar to that of *Causticum*, *Coffea*, etc." Teste's *Materia Medica*, p. 353.

*Coral in croup.* In his valuable little book on Diseases of Children, p. 315, Teste gives for spasmodic laryngitis *Corallium* 30 and *Opium* 3.

*In whooping cough* he prescribes "*Corallia rub.* 30 for three or four days in succession, four doses in 24 hours. 'It is like water thrown upon fire,' said one of his patients one day after it had been given for attacks of a convulsive cough which had passed into a chronic state." In whooping cough cases, after four or five days, he gives "*Chelidonium* 6 (3 doses a day) unless there is a renewal of the violent spasmodic coughing fits, or convulsions in children, or spasms of the glottis (all of which circumstances would call for a return to *Corallia*), until the evident transformation of whooping cough into single bronchitis." Then he suggests *Pulsatilla*. For dry cough *Causticum*, or if severe depression with the cough *Lachesis* is given. On the strength of the above some physicians have found that *Corallium* 30 and *Chelidonium* 30 cured every case in a week, but in other epidemics of whooping cough these remedies had no effect. Hahnemann found that also true of *Drosera* in whooping cough. So that there is no specific for this disease or cough. The similar remedy must be selected every time. How coral ("mixture of carbonate of urine and oxide of iron") can cause or cure a convulsive cough is a problem worthy of further investigation.



**NATRUM ARSENICATUM.**

Editor of HOMŒOPATHIC RECORDER.

Will you please give keynotes of *Natrum arsen.* in March number of HOMŒOPATHIC RECORDER?

And oblige,

A. MCPHERSON, M. D.

*Erie, Pa., February 2 1898.*

Our correspondent will find in that best of all homœopathic materia medicas, Allen's *Handbook of Homœopathic Materia Medica and Therapeutics*, five quarto pages of symptomatology of this drug, but we could not attempt to give the keynotes. The drug is more allied to *Natrum mur.* than to *Arsenicum*. Clinically it has been successfully prescribed for chronic conjunctivitis, granular lids, nasal catarrh with burning in eyes, or pain at the root of the nose; "in diphtheria, with excessive swelling and great prostration, throat dark purple, uvula excessively swollen, like a sac of water, body cool and sweaty, great oppression of the heart, feeble, intermittent pulse;" in tuberculosis, night sweat and greenish expectoration stage; and in eruptions on the chest, with dark brown spots, scaly, on a red base, without itching.

The foregoing is taken from Dr. Allen's work.

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**THE SEXUAL QUESTION AND THE MEDICAL PROFESSION.**

Editor of HOMŒOPATHIC RECORDER.

The January number of the HOMŒOPATHIC RECORDER contains a very timely article on "Marriage and Divorce," by Dr. I. W. Heysinger. The above-mentioned article is to the point, though a little out of the ordinary line of medical literature. No physician can read it without acknowledging the truth of much, if not all, the doctor has said. The thoughts set forth will, in the minds of many, stimulate other thoughts of a similar nature. The doctor has only hinted at a subject which needs "airing." The writer of this article, himself somewhat of a student of these sociological questions, is prompted to add a little more to what has already been said. Let it be understood that nothing shall be said in a spirit of unkindly criticism.

That these questions should be discussed there can be no doubt. Truly, the doctor has said, "there is a mighty surge



of indecency sweeping along," and inasmuch as the medical fraternity has ample opportunity to see and hear it is high time we were raising a protest.

"But," says one, "why drag a sociological question into medical literature?" "What has 'Marriage and Divorce' to do with the healing art?"

Let us pause a moment and see. Our friend may be answered in the "Yankee style;" that is, by asking him a question.

What is the true mission of the physician? Is it to simply sit in his office and prescribe? To give a little *Aconite* to this one, a little *Belladonna* to that one or to apply the electrodes to Mr. So-and-so, or perhaps amputate a leg? Is this *all* of the physician's work? We are called both "Doctors" and "Physicians," and it were well that we were worthy of both titles, for to be called "Doctor" implies ability to "teach" while "Physician" implies ability to heal the sick.

We ought to rise above the low plane of making our profession a mere money-making business. We are "healers" and (or should be) "teachers."

Ours is a peculiar profession and we are many times in peculiar positions.

No other class of men hears so many of the family secrets. Before no other class of men is the "family skeleton" made to "dance" so often.

Could we remember half we hear and were we allowed to tell what we hear the world would be surprised.

Ours being a peculiar profession we have double opportunity to know and advise, too, concerning the family circle.

The question is, *are we doing our full duty?*

Since the world began people have married and people have been divorced. But that divorces are on the increase there can be little question.

The up to-date, wide-awake physician, when called to a case, looks for the *cause* of the malady. There never was an effect without a cause, and so in the question now under discussion there must be some cause for all of these divorces.

It is undoubtedly true, as Dr. Heysinger has shown, that the leading cause is disturbance of the sexual relations. Can any careful observer arrive at any other conclusion? The writer was, one day, in company of a number of medical men when this question was brought up. The question was asked, "What

per cent. of family troubles arises from disturbances of the sexual relations?" The answers were varied. Some said 60 per cent., some 75, some as high as 90 and 95 per cent.

It would of course be a very laborious task to gather data to prove this ; but it is the firm belief of the writer that by far the larger majority of divorce suits arise from this cause.

That there are other causes we all know, but they form but a small per cent.

Granting that this is the leading cause, what, in turn, is the cause of this disturbance? This is a question difficult of solution.

Probably there is more than *one* cause, but that they all tend in the same direction there can be no doubt. Judging from observation, it would seem that the *prime factor is disappointment resulting in dissatisfaction to one or both parties.*

This may originate on either side of the house.

We have said "disappointment resulting in dissatisfaction," and it may well be reversed dissatisfaction resulting in disappointment. Too many, far too many, marry from "sexual love," and the result is disappointment sooner or later.

It cannot be otherwise. After the "new" is worn off it gets to be an old story, and then the one whom they have promised to love they *cannot* love, because the *very fountain of this love is exhausted.*

In this we can see the folly of brief courtships and early marriages.

Taken as a class, it is quite probable that females have *not* as intense sexual passions as males. On the other hand, it is probably also true that many men allow their passions to get control of their minds. This sexual desire becomes *abnormal* and *inordinate*. Some men are worse in this respect than brutes, and the number is not small, either. The writer remembers a case of "sexual neurasthenia" which was presented to the clinic at college. The man had indulged in sexual intercourse twice each day for a period of six or seven years. Cases of a similar nature could be cited did space allow. When this passion becomes abnormal the result will be dissatisfaction on the part of the male and *disgust* on the part of the female. No woman likes to be tormented day and night nor even every night.

Is it any wonder that after awhile it becomes a subject of disgust?

When this inordinate desire assumes control of a man the wife is made the victim of this insane desire, and she submits simply to "keep peace in the family."

As a result what should be the most enjoyable act of private life becomes the most disgusting. Let men be taught that women were created for some other purpose than to act as mere "mistresses" and there will be less trouble. And who shall do this teaching? Surely if the physician does not no one will. This should be a part of his business.

We can do it for we are fitted for it, and if we do it not we are neglecting our duty.

Few people know what constitutes a perfect sexual intercourse.

One of the elements of a perfect intercourse is the sense of enjoyment on the part of both. But how can a woman who is "worked" to death, or nearly so, enjoy it to the fullest extent, and how, if she does not enjoy it, can she give satisfaction to her consort? It is impossible. The result must be dissatisfaction and disappointment.

Such a state of affairs may exist for a time, but sooner or later the husbands seeks new pastures and the trouble begins. Dr. Heysinger has rightly said that "husbands and wives drift apart by reasons of pathological conditions." We all know that this is true. Dyspareunia is another cause of lack of enjoyment and consequent lack of responsiveness on the part of the wife.

This too will result in much dissatisfaction.

True it is that the wife will submit for awhile, though she does not enjoy it because she can not, until finally she refuses altogether. Result: Dissatisfaction of course. Dr. Heysinger in his article has spoken of lack of enjoyment, due to "pathological conditions developed subsequent to childbirth and miscarriage," and these do not need to be mentioned again.

The doctor has touched upon another point which it will be well to dwell upon more strongly. That is, "the adaptation of the sexual organs of either party."

This is an important point, and yet one which is little thought about, probably through ignorance of the bearing it has.

To have complete sexual intercourse there *must be an adaptation of the sexual organs.* Surely this needs no argument.

Where the trouble lies in the "lack of adaptation of the organs" the dissatisfaction is apt to be with both parties. "But," says one, "they should learn to endure." True enough, if they would; but they won't. Besides, in the case of a small vagina, can you expect a woman endure what is almost like murder to her? Dr. Heysinger's remedy in this case is the passage of "the child's head." Yes, but Doctor, how about the time before the advent of the child? And again, how about the small male organ? What effect will the child's head have upon that kind of a case? Fix it as you will, dissatisfaction will result if the sexual organs are not properly adapted to each other.

Without a doubt the Doctor hit upon the right remedy when he proposed to subject all those who contemplate marriage to a physical examination: This would be perfectly proper, and it seems that this is the only *rational* and *efficient* procedure.

For those who are married, one remedy would be *correction* of pathological conditions and *education* of those who are ignorant concerning things sexual.

More stringent laws is another remedy advocated by Dr. Heysinger, but it is hard to see how this can do more than to act as a palliative. It certainly will not get at the *root* of the evil. In the Doctor's article there is some slight intimation that the blame is all with the men. In this we cannot agree, for observation has taught us that, in many instances, the women are at fault in the beginning. In a summing up of the matter it would seem that as a leading cause of divorces sexual troubles stand at the head, and as a cause of these troubles dissatisfaction and disappointment due in part to ignorance, in part to pathological conditions, are factors.

The true remedy for the *future* is *education* in *things sexual*. For *present* conditions, *correction* of *abnormal conditions* and *education* for those who need it. And who shall be the instructors in these matters? Every physician has around him many patrons who will gladly accept such instruction as he will give. Shall we neglect our duty? These matters will have to be largely settled by our fraternity. We are in a position to know and to advise, hence is our responsibility increased.

In the future shall we do this duty or leave it undone? Ten times more might be said upon this topic did time and space permit.

It is hoped that enough has been said to call forth more thoughts in future issues of our journals.

E. P. FELSHER.

*Remington, Indiana.*

## **DR. HEYSINGER REPLIES TO DR. CRANCH.**

Editor of HOMŒOPATHIC RECORDER.

As a general proposition, a writer has no business to go to defending his own books; it is better to have the books right in the first place.

In your issue of February 15th, page 78, Dr. Cranch, of Erie, Penna., has something to say about my little book on the Scientific Basis of Medicine, which Boericke & Tafel have recently published; and I think this breezy little article ought to be put right, lest it mislead some of those who "toil not, neither do they spin," but want their medical science ready-made.

When the doctor talks about the "radiant" state of matter, he is probably mixed up with the kinetic theory of gases, which latter is valid. Crookes's fourth or radiant state has nothing to do with a solution of metallic silver in water, nor can I conceive of a "vapor" of silver as being existent in a pot full of water. How such things can negative my claim about the limit of action from potentization I cannot just see, as I simply stated, with reference to these dilutions, that the observations showed that, when carried up to a certain point, the "critters" didn't die off any more, or act as though they cared a continental whether the "vapor" was radiant or as solid as a tombstone. And in Crookes's experiments, which I also cited, that eminent investigator found that the bombardment simply died out from want of material, at a certain point.

These are either facts, or they are not. I quoted them from standard authorities, with whom I am quite familiar, and I have never heard these statements or experiments disputed.

The general opinion among men of science is that specific sorts of matter are composed of specific molecules, and that if you divide it up into more pieces than there are molecules you won't have a molecule apiece, and whatever you have rubbed it against to do this will be short of those particular molecules, in spots at all events.

I don't see what this has to do with vapor, or radiant, or any other sort of matter. You can divide up a pie among a whole camp-meeting, but it doesn't look reasonable to suppose that the whole confraternity shall still have a full-sized chunk apiece. The Apostles are said to have done that; but Hahnemann never claimed to be that kind of an apostle.

Professor Tait's summary of the work of a number of very eminent men of science, working by different methods, suggests for copper about 64 septillions of molecules to the cubic inch, and for other substances analogous numbers.

Even just above the 30th centesimal potency the proportion is only one drop of the original drug (or one grain) to a *sphere* of alcohol represented by a diameter of 100,000,000 miles. Hence, I suggest that some of the pie has been rubbed off in transmission perhaps, and that these constitute "the first step, which counts," in curing disease.

Of course no spectroscopist need be told that all metals are vaporable; there are no peculiar points "about that ere frog" any more than about Mark Twain's celebrated jumping frog of Calaveras; but the latter was loaded up with shot, five pounds of it, in the shape of a "mother tincture," or even the "crude drug."

When Dr. Cranch says I am "wrong" in saying that the whole atmosphere is an ocean of potentized drugs, he ought to stop there; but, unfortunately, he says I am wrong *because* this ocean of drugs is "attenuated and neutralized by admixture."

We would all like to know where he gets his authority for saying that drugs are neutralized either by attenuation (oh, Hahnemann!) or by admixture.

In the latter case, to what amount of cleaning out would he subject his patients before administering a remedy? He would have to full-fast them for three months at least, in order to prevent "neutralization by admixture;" as they do with the terrapins, in order to give them time to "clean themselves before killing." I doubt if they would be thoroughly cleaned, against admixture, till they got to Heaven.

The Doctor's childlike faith in keeping his potentizing jug, or bottle, or trough, or mortar and pestle, "away from powerful aromas or floating dust," while working up to the 100,000th potency, when, as I wrote in my little book, Professor Aitkin states that in a public meeting room there were 489,000,000 of micro-organisms alone to each cubic inch of space, some of which doubtless "smelled," besides the illimitable other abominations in the air which I have also cited from Tyndall, is decidedly "fresh," even if his medicines are not.

When the Doctor says that I "actually defend the too common practice of routine alternation as better than the single

remedy" he swallows his own tag, as the calf on the railway cars did, and loses all chance of safe delivery. I didn't do that; I simply said that we have no right to commence to use new remedies at all if we already had *old* remedies which *singly* and precisely fitted every case; and that, unless we were to shoot down Homœopathy dead in its tracks, we must keep on trying to discover new remedies, and to prove them, which will substitute for old duplicates that which will work as a single remedy in a single form.

I have no doubt that Dr. Cranch occasionally comes across a case in which *Gelseminum* is directly and positively indicated, and no other remedy. I know that I do. Now if he has practised medicine as long as I have done he will recall the time when there was no *Gelseminum* in our whole repertory; and what did he do then? All our provings are only to "make one blade of grass grow where two grew before." When he speaks of "working purposes," on page 80, he clearly does not understand what this well known technical phrase means; I shall not endeavor to set him right. I like the old *Gelseminum*.

When the Doctor, however, gets in behind the majestic shade of Hahnemann, and yells out "you're another!" he ought, at least, to find a better citation; for what Hahnemann there said, simply boiled down, is that a medicine by acting on the diseased system modifies its adaptability to a different remedy, which is precisely what I said in the book.

I will, however, for I don't want him to suffer, give him a quotation from Hahnemann which will relieve the spasm at once:

"Purple rash being a disease different from scarlet fever, it requires to be treated in a different way. In purple-rash *Belladonna* can do no good; and patients who are treated with *Belladonna* in this disease will generally have to die; whereas all of them might have been saved by the *alternate use* of *Aconite* and the Tincture of Coffee, — *the former being given against the heat, the increasing uneasiness, and the agonizing anguish; the latter against the excessive pain and weeping mood.*"

When the Doctor suggests strabismus as the condition of a physician "who always sees two or more remedies indicated, *without preference*, in the same case at the same time," what would he say was the condition of a doctor who only saw one medicine indicated, and also "without preference?" I would sug-



gest a cataract of Niagara in one eye and the Rocky Mountains in the other. Why is it more logical to choose one out of 700 than two out of the same 700, when, in the year of grace 1910, he will probably choose some other one, or in the year 1860 would, to an absolute certainty, if he is now using a new remedy, have chosen another one? I cannot see it; as Lord Dundreary says, "that is one of the things no fellow can find out."

When such a man sits down to table he ought to eat nothing but plain boiled rice, and eat that with a tooth-pick. A physician who has no preference, or discrimination, or knowledge, or judgment, or experience, is not a physician at all; a man who doesn't know anything but doctoring doesn't know that.

I. W. HEYSINGER, M. D.

*1426 Girard Ave., Phila., Pa., Feb. 22, 1898.*

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## A PLEA FOR WESTERN PILGRIMAGE.

Editor of HOMŒOPATHIC RECORDER.

The local committee of arrangements for the Omaha meeting of the American Institute of Homœopathy are very much encouraged in their prospects of making at least two records in the history of Institute meetings.

First as to attendance, and second as to new members. The inquiries as to what we are doing in Omaha are so numerous as to indicate that the interest in our next meeting is beyond that shown for many years. This is, of course, especially true of the West, but it is also equally gratifying from all over the East. The plans for a most thorough canvass for new members throughout the states west of the Mississippi River are being carefully laid and a surprise is in store for our beloved Institute.

We are glad to report to the members and friends of our National Society that arrangements are progressing satisfactorily, and that we will soon be ready to make an official report to the Executive Committee in detail.

Omaha is to be the National Convention city this year. Over sixty national and sectional meetings are already booked for the Exposition City in 1898. We wish to assure our visitors that hotel accommodations are ample and satisfactory. A list will



be given in a few weeks, and it is urged that engagements for rooms be made early through our Sub-Committee for Hotels. Our meeting occurring probably the last week in June, bookings for rooms should be made early in May at least. This is important and should be borne in mind.

The railway facilities for reaching Omaha are unexcelled. Fourteen lines of railways converge at Omaha from all directions. The train service between Chicago and Omaha in point of elegance of equipment is equal to that between Chicago and New York, so nothing need be said, as that is the finest in the world.

While here in attendance of the Institute sessions nothing will be allowed to interfere with the regular program of the meeting, but to him who desires recreation and entertainment most ample facilities will be provided. If the visitor wishes to see something large, he will be shown an ore smelter which turns out more gold and silver than any other refinery in the world.

He can also see the extensive meat-packing establishments of Armour, Cudahy, Swift, Hammond, and others, who have national fame as millionaire packers, and find that Omaha is crowding Chicago hard for first honors as to the volume of meat products distributed. Omaha's parks, public buildings, art galleries, libraries, etc., must not be overlooked in the dazzling magnificence of the Great Trans-Mississippi and International Exposition, which begins June 1st for a five months' exhibition.

The plan of this Exposition is modelled after the World's Fair, and its architectural beauty will recall vividly the magnificence of Chicago's famous Court of Honor. A booklet giving some idea of this Great Fair will be mailed to each member of the Institute and to all others upon application.

A word to tourists. Omaha is the gate to a realm of sublime scenery and unrivalled wealth. From this Gate City radiate an half dozen great railway trunk-lines through Nebraska, the greatest corn-producing State in our country, and with its great stock industries and beet-sugar factories and varied farming products fast becoming the richest of the Western States.

Beyond are the Alps of America, snow-capped, ice-mantled, with silent, eternal, congealed rivers projecting into the valleys as mighty glaciers; mountains of gold and silver; gardens of the

Gods; springs, veritable Fountains of Youth, and scenery of unrivalled grandeur. To the northwest are the Black Hills, with their golden treasures; the world-renowned Homestake mines; the Hot Springs, with the famous hot plunge-bath; the wonderful Wind-cave, with ninety-six miles of subterranean depths already explored; fishing, scenery, hotels and transportation facilities all that can be desired. Two trunk-lines compete for travel here.

If you are looking for fine fishing you can be accommodated by a few hours' ride from Omaha, viz.: Lake Tekamah, Spirit Lake, Lake Okoboji, Lake Washington and a dozen others contiguous to Omaha by rail; or you can go farther into the trout regions of Wyoming and the mountain districts.

Many of our visitors will wish to visit Yellowstone Park, a most delightful trip into a veritable wonderland which has no prototype; incomparable in Nature's domains, a veritable museum of scenic freaks and beauty, with its geysers, lakes, canyons, springs, cataracts, weird petrifications, and game preserves of, elsewhere, all but extinct American wild animals.

Colorado needs no mention. You will hear of the attractions of that wonderful State from Denver. Wyoming, Montana, Utah, Idaho all have their special features for the tourist.

All this wealth of scenery and inspiring grandeur is within the reach of the most modest and most economical of Institute members. Excursions will be made through the Rocky Mountains, extending through points of interest from the Black Hills to Colorado and Utah, Yellowstone Park, etc. The season will be delightful for such excursions and our visiting doctors and their friends will get so full of mountain ozone and patriotic enthusiasm that they will be carried many years beyond the three-score and ten allotted to man.

Friends, doctors, countrymen, begin early to plan for this trip to Omaha. Enjoy the great meeting of our National Medical Society. Educate yourselves by attending the brilliant Exhibition, an artistic object-lesson of the resources of your country, the Trans-Mississippi and International Exposition, in which millions of dollars are being judiciously expended to worthily present to your view the splendid products of American industry.

Broaden your knowledge, your lungs, your hum-drum experience, by visiting the wonderland of your native country,

the envy of all lands, the great Rocky Mountains with their primeval glories. Do this, and believe me, when you have returned to your several homes there will come daily into your life, with its weary rounds, a bright troop of blessed memories and splendid visions. When you turn your eyes toward the setting sun, your heart will prompt you to bless the friends who urged your pilgrimage hither, and you will find your love and admiration cemented eternally to the Great West, *your West, your country!*

D. A. FOOTER, M. D.,  
Chairman Sub-Committee Press and Correspondence,  
Local Committee of Arrangements.  
*200 Paxton Block, Omaha, Neb.*

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## LACHESIS IN MORBID GANGRENOUS CONDITIONS.

A Review of Dr. Lambrecht, Jr.'s Article in *Journal Belge d'homœopathie*, by Dr. Moosa in *Allg. Hom. Zeit.*, Jan., 1898. Translated for the HOMŒOPATHIC RECORDER.

In *Lachesis* and its kindred remedies, *Crotalus* and *Naja*, etc., we possess agents which may be of excellent service to us in combatting infectious diseases of the blood which frequently terminate in gangrene. Nor need we be surprised at this, when we consider the penetrating action of the venom of serpents on the human organism. If we glance over the pathogenesis of *Lachesis*, we cannot fail to notice there the prominent symptoms of infection and of the disintegration of the blood. Under its influence all inflammations assume a strikingly malignant character. Abscesses secrete a fetid and poisonous pus (all the secretions, indeed, are also distinguished by their fetid smell. Edit.); when this is taken up by the lymphatic vessels and the veins, it gives rise to phlebitis and pyæmia; lesions (wounds) and ulcers become putrid and gangrenous; cutaneous eruptions show malignant symptoms; the infection of the blood is shown in the ecchymoses of the skin, purpura, hemorrhages from the intestinal region, hæmaturia, etc. Simultaneously with these local symptoms we meet with general phenomena, *i. e.*, an adynamic fever of a typhoid form, with considerable prostration, delirium, cold sweats, etc.

Reasoning *a priori* from the law of similars, we might at once assume that a substance which can produce such deeply penetrating changes in the organism must exercise a considerable influence on the morbid conditions to which it corresponds. Clinical experience has fully confirmed this assumption, and we find in homœopathic literature numerous cases of cures obtained through the use of *Lachesis* and its kindred remedies in infectious diseases of the blood which threatened to terminate in gangrene. The author in his article introduces some very serious cases of this nature which he has observed in his own private practice and also at the Bureau de Bienfaisance in treating the poor.

1. A case of *typhoid fever with intestinal hemorrhage and hæmaturia, gangræna penis and decubitus on the os sacrum*—CURE.

During last April the author had under his treatment a young man of twenty-eight years, of vigorous constitution, without any especial hereditary taint. The patient had complained for several weeks of general feeling of indisposition, with wandering pains in the limbs, loss of appetite, thirst, liquid stools, headache and insomnia. The tongue was covered with a thick, whitish coat, and the urine contained a copious deposit of sediment; at the same time there was a slight, feverish agitation, more pronounced in the evening. In answer to this image of disease, he received *Baptisia* 3, four times a day. The symptoms in the meantime increased, and a severe form of typhoid fever developed. In the middle of the second week the following symptoms appeared: repeated epistaxis, inflation of the abdomen, with sensitiveness to pressure and gurgling in the left ileo-cæcal region. The tongue was dry, the stools liquid, of yellowish color; delirium with hallucinations; great prostration; the temperature, 104°, with remission in the morning; pulse, 120. On the abdomen there were some roseola spots. There was nothing morbid in the respiratory organs.

Prescription: *Acid phosph.* 3, cold ablutions of the whole body, which was then wrapped in a woollen blanket.

The disease proceeded in its regular course, but on the fourteenth day there appeared most serious symptoms, threatening a fatal issue. First a hemorrhage from the rectum, then, a few hours afterwards, a violent hæmaturia.

Prescription: *Hamamelis* and *Acid phosph.* 3.

The hemorrhages now succeeded each other at long intervals and with less violence, and after five days they ceased entirely. These complications had caused a great debility and caused a very unfavorable prognosis. Bouillon, wine and some doses of *China* were given as a tonic, when suddenly a new complication arose. The penis became the seat of a considerable œdematous swelling, and about the middle of its dorsum there appeared a blackish, luminous, carbunculous spot, which quickly extended toward the tip of the member and gave off the dreadful odor of gangrene. I at once ordered *Lachesis* 6, a dose every fifteen minutes. The author then separated the dead parts from the sound, and thus laid bare the glans and a part of the corpus cavernosum, which were already covered with small ulcers of a malignant appearance. All these parts were washed with carbolized water and covered with a thick layer of iodoform. In a similar manner I treated the gangrenous spots which had in the meantime formed on the os sacrum.

Under the action of *Lachesis*, the gangrene was stopped, and the patient, who was the very image of misery, daily awaiting his last breath, soon felt an appreciable improvement. The ulcerated surfaces on the glands and the corpus cavernosum took on a healthier, red color and cicatrices formed in two weeks. The tongue became clear, the appetite and strength returned and the young man is at this day in full health, and has only a somewhat extensive circumcision to remind him of the dreadful danger from which he escaped.

#### **An Infected Wound.**

While treating the above case, Dr. Lambrecht had suffered a slight lesion on the index finger of the left hand; on this, as a precautionary measure, he placed a slight bandage. This wound was about forming a cicatrice, but while amputating the mortified parts of the penis of the patient the bandage on his own wound slipped off and the wounded part came in contact with the gangrenous ichor. Although he immediately washed the wound with carbolized water, and took all the requisite precautions, next day shooting pains developed in his index finger, and these soon extended to the dorsum of the hand and the forearm, and during the night they increased to such a degree that he could not close his eyes. The wound had become the seat of a bluish-livid swelling, threatening evil conse-

quences. He took *Lachesis* 6. Under the action of this remedy the pains perceptibly decreased, while at the same time a supuration copious in comparison with the slight extent of the lesion set in. The swelling disappeared and the spot was completely healed in ten days; only a small cicatrice like a line still shows on the dorsal surface of the index finger.

In his *Manual* of Homœopathy, Jahr mentions lesions while dissecting as a clinical symptom of *Lachesis*. The observation above mentioned fully confirms the practical importance of this symptom.

### **Erysipelas Gangrænosum in a Pregnant Woman—Abortion—Cure.**

This case concerned a poor woman who suffered from angina faucium. The patient was 32 years of age, the mother of three children, and of a weakly, debilitated constitution, and this the more as she was in the third month of pregnancy. A year before Dr. L. had treated her for a lesion on the foot, and erysipelas affecting the whole limb had set in. This yielded, however, promptly to the homœopathic treatment, but it showed that there was a certain predisposition to such affections with this patient.

She now complained of a violent pain in the throat, as well as great difficulty in deglutition, while swallowing fluids. An examination showed that the whole mucous membrane of the throat was of an intense red, swollen and œdematous. This was accompanied with pains and heaviness in all the limbs, high fever, showing 104.3° and 120 pulsations; considerable prostration.

*Prescription:* First of all *Aconite* 3 and *Apis* 3, the latter on account of the œdematous and erysipelatous swelling of the throat.

In a few days a perceptible improvement in the angina was manifested. The pains and the swelling decreased, so that the patient could swallow without any great difficulty. Nevertheless the fever remained as high as before, which threatened serious complications. And these were realized, for the dorsum of both hands suddenly became swollen and of deep red color, an affection which soon extended to the forearm. On the diseased cutaneous surface large blisters were thrown up here and there, which then filled with black blood, and when they burst

there appeared extensive ulcerations of a blackish color and a gangrenous odor. The tongue became dry and the patient was delirious at night. She received *Lachesis* 6 and the ulcerated surface was sprinkled with *Iodoform*. The state of the patient was hopeless, but, thanks to the powerful action of the remedy, a turn for the better soon appeared. The delirium ceased, the tongue became moist, and the fever lost much of its violence. The convalescence was very much protracted, as the suppuration in the ulcerated surfaces had gradually weakened the patient, and besides this, when the general condition had already become somewhat satisfactory, an abortion and the passing off of a dead foetus was superadded. The abortion was attended with a copious hemorrhage, which was, however, soon checked by *Sabina* 3. To remove the weakness and anæmia appearing in the course of her reconvalescence a few doses of *China* were administered. After six weeks the woman was perfectly restored and could again attend to her business.

#### **Stomatitis Gangrænosa.—Cure.**

A boy seven years of age, of a poor family, after having passed through measles, suffered from an attack of stomatitis. The little patient was pale, weak and his nutrition was defective. The appetite was good, but the stools were frequent and liquid. When examined, the inner surface of the mouth, at the height of the gums, on the left side, showed a broad ulceration of greyish-blackish color and an intense gangrenous fetor. On the same side the cheek also was the seat of a pretty considerable oedematous swelling. The glands on the neck and below the lower jaw were swollen.

The ulcer was rinsed several times a day with a solution of *Borax*; internally he received *Lachesis* 6, a dose every hour.

Under this treatment, after four days, the gangrene ceased to spread; the ulceration appeared more red and improved, and the swelling of the surface had perceptibly decreased. In the course of two weeks a full cicatrization had ensued. As the child was manifestly scrofulous, *Calc. carb.* 6 was given, after which the glandular swellings also gradually disappeared.



**HOMŒOPATHIC BLOOD REMEDIES.**

By Dr. Alfr. Michaelis.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatshefte fuer hom.*, Jan., 1898.

In my general homœopathic therapy, entitled "*Alltägliche Erkrankungsfälle*" ("Common Cases of Disease"), in § 8, I treat of the *Blood Remedies* as distinguished from Organic Remedies. The writer considers this distinction as most important, because it arranges homœopathic therapy, as it were, under general points of view, and very much facilitates the work of the physician; on the other hand, it also enables us, through an appropriate and skillful combination of blood remedies with organic remedies, to secure therapeutic results which can hardly be otherwise obtained.

Rademacher, an old-time practitioner, in his "*Erfahrungsmittellehre*" ("Manual of Experimental Remedies"), divides all remedies into two large classes, as *organic remedies* which have reference to some particular organ, and *universal remedies* which cure the fundamental diseases of the whole organism and also under certain circumstances those of particular organs.

The writer would include, among the "blood remedies," those remedies the effects of which, as indicated by the name, extend to the blood (and the fluids of the body in general), and which thereby exercise at the same time an influence on the entire organism, including generally at the same time an action on the nervous system; in other words, remedial agents which act on the entire *sanguineous* and *nervous* life, and which may, therefore, be accounted as universal remedies in Rademacher's meaning of the term. They are as to their whole nature the so-called homœopathic polychrests, *i. e.*, remedies which have a wide and general sphere of action; and in mentioning for the present *Aconite*, *Belladonna* and *Gelsemium* as representatives of this class, we indicate at the same time in advance that the blood remedies especially include the *fever remedies*; for feverish conditions have their root primarily in the sanguineous and nervous systems; this does not, however, exclude the possibility of their originating in a single particular organ, as in "inflammatory fever." As we shall see later on, a blood remedy may also simultaneously become an organic remedy, if besides its



general action it has also a local action, while on the other hand a remedy acknowledged as a specific organic remedy can never compete with a genuine blood remedy or even partially take its place. All these are facts which can only be learned from practical experience.

We can here only give a brief characterization of the more prominent blood remedies.

As *remedies for acute* and recent cases of taking cold, more or less accompanied with *feverish symptoms*, we there mention *Aconite*, *Belladonna* and *Gelsemium*. Of these remedies, *Aconite* represents a more energetic action, *Belladonna* a milder one, while *Gelsemium*, besides its more proximate action on the nervous system, unites in itself in a felicitous manner the action of the other two blood remedies. All three may be designated as *regulators of the blood* in the truest sense of the words.

*Baryta muriatica* and *Kali jodatum*, however, are to be considered in *chronic* colds, but with the following differentiation:

*Bar. mur.* 3 d. in firmly seated and obstinate colds, which appear *without fever* and in a very *concealed* manner, affecting now the one organ and then again another, and especially when it causes disturbances in digestion with *diarrhœa*. General sensibility to colds and chilliness, a decreased warmth of the blood, as it is manifested in chronic disturbances of digestion and anæmia.

*Kali jodatum* 1–2 d. for *inveterate* as well as for recent colds, in which it can withdraw catarrhal and inflammatory substances from the blood. *Fluent coryza* and a constant tendency to the same is the leading symptom; also *laryngeal* catarrh and catarrh of the *windpipe* and the *bronchia* specially point to this remedy. It is very important in degeneracy of the fluids, especially when this is of a scrofulous and mercurial nature.

*Acidum nitricum* 2–3 d. *Nitric acid* is especially an excellent remedy for the stomach and the intestines, and is of great importance in disturbances of digestion. Besides this, it acts counter to dyscrasia and thus has a purifying and amendatory action on the fluids.

*Nitrum* 1 d. *Nitre* is a prominent remedy for the *stomach*, exciting the appetite and improving the digestion. It acts counter to the catarrhal processes and improves the blood in an extraordinary manner. It purifies the blood and makes new blood. *Nitre* is thus both a purifier and a former of blood. The last

two remedies are, therefore, at the same time *blood remedies* and *organic remedies*, and equally valuable in both directions.

*Arsenicum* 3 d. The proper domain of *Arsenicum* is the nervous system; it is not, therefore, able to purify the blood from morbid substances, like the remedies mentioned before it, but on the other hand, it possesses in a high degree the power of inciting to the formation of blood and to create new blood. It is, therefore, a most effective *creator of blood*, and on this account an excellent blood remedy. It even surpasses *Ferrum* in this respect.

*Sulphur* 1-3 d. It is a common saying: "*Sulphur* passes into the blood!" and this is true. *Sulphur* does not, indeed, form new blood, but it *purifies* the blood (and also the lymphatic current) more than any other remedy; no remedy equals *Sulphur* as a *purifier of the blood*. Impure substances which have been introduced into the blood from without are thrown to the surface by the internal use of *Sulphur*. Cutaneous eruptions which have receded or been suppressed are driven out to the surface; also gonorrhœal poisons are led outward, even when they have become firmly seated. *Sulphur* also shows itself as a blood remedy in piles, for in this disease it is also the leading remedy. Its virtues in purifying the blood are so prominent and far-reaching that a whole book might be written on this one feature of the remedy.

In the brief indications thus given we have endeavored to differentiate the leading blood remedies and thereby indicate the manner of their action.

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## BOOK NOTICES.

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**A Text-book of Gynecology.** By James C. Wood, A. M., M. D. Second Edition, Revised and Enlarged. With two hundred and ninety-five Illustrations in Text and thirty-seven lithographed, colored and half-tone plates. 964 pages, large octavo. Cloth, \$7.00; half morocco, \$8.00. Expressage extra. Philadelphia. Boericke & Tafel. 1898.

The first edition of this justly famous work appeared in 1894, a book of 858 pages. In every respect it compared favorably—in fact, surpassed, any of the old-school works on the subject, and was adopted as a text-book by, we believe, all of the

homœopathic colleges. The second edition, which now comes to hand after the first has been out of print for nearly a year, far surpasses the first in every respect. It contains one hundred and six more pages of text matter and the pages are larger—of the generous  $9\frac{1}{2} \times 6\frac{1}{2}$  inches adopted by modern works of a large size. The first edition contained but one plate while the second has thirty-seven, eight of them being lithographs or half-tone color. The increase in the illustrations in the text has also been in proportion to the increase in the size of the work. The text itself has been thoroughly revised, much of it rewritten and a very large amount of new matter added, as can be seen by the increase in the size of the pages and in addition the increase of one hundred and eight in their number. As it stands the book is to-day the latest and most thorough work on gynecology published, and the author may feel a just pride in his achievement. The publishers, too, have done their part well, and produced a work that may be placed side by side with the best medical work of any other house and not suffer by the comparison. Taking into consideration the increased size, the large number of expensive lithographs and the utter absence of "padding" (needlessly heavy paper, big type and useless spacing so often found in medical books) the second edition is a cheaper work, proportionately, than the first. Finally, if any physician wants an up-to-date, scientific, yet soundly homœopathic work on gynecology he can now obtain it.

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A NEW homœopathic pharmacopœia, *Pharmacopée Homœopathique Française*, published by the *Société Médicale d'Homœopathie*, is out. In the announcement of the new volume we are told that "Hahnemann, who, for his time, was a distinguished chemist and careful of details, has given us in most precise terms the method of preparation of all the medicines with which he experimented; the present work absolutely conforms to the methods given by Hahnemann." Our French homœopathic brethren have acted wisely for the future welfare of Homœopathy in their country. Germany, we know, will soon follow suite. Only in the United States is an attempt made to ignore the old landmarks and set up new ones that are supposed by those who know no better to be "scientific," yet which on close scrutiny are found to be anything but that. Unfortu-

nately a number of our colleges, apparently on the assumption that the Pharmacopœal Committee could not err, have adopted that book, so full of errors and radical departures from all fixed homœopathic standards; but this can be remedied in the future, as the true nature of the work becomes generally known, and should be, for the welfare of the medical students. France is to be congratulated for having upheld true homœopathic pharmacy.

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THAT remarkable, yet repeatedly verified symptom of *Borax*, *fear or dread of downward motion*, was experienced by one prover only, Schroeter, who, as Hering said (Bradford's "Pioneers of Homœopathy"), was "one of the provers most objected to by the purificators next to Nenning." If all that which has so often been termed "chaff" were blown from our *Materia Medica*, there would be but little left, and that little of not much value in curing the sick. If this *Borax* symptom, "very anxious when riding quickly down hill; it is as if it would take the breath away, which was never the case before," had not been verified so often it would no doubt be "chaff" and allowed no place in that "purified" *Materia Medica* which is the dream of so many.

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THE HOMŒOPATHIC DIRECTORY for 1898 is out. It is a much more complete work than the one for 1897, which covered 107 pages, while the Directory for 1898 covers 116 pages. The Directory gives the addresses of homœopathic physicians for Great Britain, the Australian colonies and islands, West Indies, Cape Colony, India, China, British North America and the European continent, thus including all save those of the United States and the various American republics of North and South America. Published by Homœopathic Publishing Company, 12 Warwick Lane Paternoster Row, E. C., London, England. Price, 50 cents.

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"THE author in this monogram (Quay Diseases of Nose and Throat) presents in a concise form the diseases of the nose and throat. He teaches clearly the fact that many diseased conditions met with in the nose and throat demand for relief approved surgical treatment in addition to the internal treatment. He wisely emphasizes the great necessity of treating the patient in his totality. The arrangement of the work is excellent. It is neatly printed in large type. It is especially adapted to the needs of the student and general practitioner.—S. S. K., in *Denver Journal of Homœopathy*.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM.

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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Our rejuvenated friend, *The Medical Visitor*, in editorially reviewing its own review of the new "Pharmacopœia," says: "Until now there has never been a standard to guide the pharmacist in the preparation of the drugs used by our school in the treatment of the sick." The proving of the greater part of the drugs in active use to-day are to be found in the "Materia Medica Pura" and the "Chronic Diseases," and Hahnemann prefixed to each proving a clear description of how the drug is to be prepared for "the treatment of the sick." If Hahnemann's guidance in this matter is faulty, then what the *Visitor* has to say is correct, for the older pharmacopœias are but abstracts of what he directs in those two books, which have guided the homœopathic physician and pharmacist up to the year 1898. The issue is clearly between the Boston book and Hahnemann. Which is right?

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## NO INJUSTICE INTENDED.

Editor of HOMŒOPATHIC RECORDER:

On page 95 current number of RECORDER your correspondent "H. S." does Prof. Cowperthwait great injustice by only partially quoting his remarks on *Phosphorus*; and you, by publishing the misquotation, are guilty of misrepresenting the *Medical Century*

I delight in seeing justice done to all. We should all be very careful in that respect. I am a subscriber to both *Medical Century* and HOMŒOPATHIC RECORDER, and a former pupil of Dr. Cowperthwait, and I love them all.

Fraternally yours,

C. G. S. AUSTIN.

*Nantucket, Mass., Feb. 28, 1898.*

# PERSONAL.

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The second edition of Dr. James C. Wood's "Gynecology" is out; it is a triumph for its author, its publishers and for Homœopathy. It easily takes first place among works on gynecology regardless of school.

Edward M. Gramm, M. D., has removed to Professional Building, 1833 Chestnut street, Philadelphia. Skin and genito-urinary.

Dr. Jean-Pierre Gallavardin, author of *Alcoholism*, etc., departed this life January 22, in the 74th year of his life, at Lyons, France.

Dr. Felix A. Boericke, of the firm of Boericke & Tafel, has been appointed by Governor Hastings delegate from Pennsylvania to the National Pure Food and Drug Congress.

The offering of "premiums" is something like the morphine habit—never resorted to by the healthy.

Mr. Gustav H. Tafel is now manager of B. & T's., 15 W. 42d St., N. Y. pharmacy. We predict that he will be very popular with the patrons of that flourishing establishment.

As a rule the young man is satisfied to have some one else the architect of his fortune.

**NOTICE.** A post-graduate course will be given at the National Homœopathic Medical College and Contiguous Hospitals in April. Address, E. C. Sweet, M. D., 70 State street, Chicago, Ill.

**FOR SALE.** \$2,000 practice in Iowa. Growing town of 800. Collections 95 per cent. and opposition weak. Will give up field and introduce successor on sale of residence property and medical outfit. For reasons for selling and terms, address, K. L., care HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

St. Louis, Dr. Lawrence asserts that *far* better results are obtained from *Aqua des.* (with the same amount of carbolic acid in it) than from anti-toxin. Very likely, but what a squashing thud of reputations there would be if it were admitted!

We are entirely out of January, 1898, RECORDERS and have many calls for that number; any that you can send in will be thankfully received.

Hale's monograph on *Saw Palmetto* is worth the 50 cents it costs.

"The broadest and best homœopathic journal published" was the comment of a learned doctor on the RECORDER, last month.

Subscribe to the history of "Old Hahnemann," Philadelphia, \$3.50. Published by Boericke & Tafel under auspices of the alumni. Bradford, historian.

"*Calomel* heroically administered is again advancing to the front," says a "regular" exchange, from which we may infer that the light among those who dwell in medical darkness is not waxing.

*Granium maculatum* in material doses of five to twenty drops of the  $\theta$  is said to be a good remedy for chronic catarrh of any part of the body.

A RECORDER "Personal" costs only \$3.00 yet it is the best short advertisement available for homœopathic medical profession.

The "Chronic Diseases" of Hahnemann, 2 volumes, half morocco, \$11.00 is a work you should own.

Burnett's "Children," *Delicate, Backward*, etc., is a small book but contains a world of new matter for the blighted human mites.

Spring! Spring! Beautiful spring.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIII.

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No. 4.

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## THE PROPOSED MONUMENT TO HAHNEMANN.

TWEED MOUNT, VENTNOR, ISLE OF WIGHT, ENGLAND,  
14th March, 1898.

Editor of HOMŒOPATHIC RECORDER

DEAR SIR: You will greatly oblige me if you can give the following notice as much publicity as possible. It is very strange that the editors of the *Monthly Homœopathic Review* think it of no moment where Hahnemann's monument is erected; they only want somewhere a monument. Having been present at the funeral of my grandfather, I am seriously afraid that some one else's grave will be fixed upon for this monument. Dr. Platt, of Boston, had to obtain first the permission of the municipality of Paris before he could have the tomb of Hahnemann repaired.

I remain, with kind regards, yours sincerely,

L. SÜSS HAHNEMANN, M. D.

### Hahnemann's Tomb.

In the March number of the London *Monthly Homœopathic Review* a letter by Dr. Hughes, of Brighton, on the above subject, appeared appealing for subscriptions to erect a funeral monument *over the grave of Hahnemann*.

It cannot, however, too widely be made known that there is unfortunately a very great chance that this monument will be placed over the wrong grave.

Now, although the editors of the *Monthly Homœopathic Review* say that this does not matter at all, if only the monument is somewhere erected, it seems a most ludicrous affair to erect Hahnemann's monument over any grave, no matter where. The appeal for subscriptions states that the French Homœopathic Society has succeeded in obtaining the authority of *the*



*heiress of Hahnemann* to raise a monument over Hahnemann's grave. Now the ownership of the tomb wherein Hahnemann's body was placed belongs to the municipality of Paris, whose permission Dr. Platt had first to obtain before he could have the repairs of the scandalously neglected tomb effected. No heiress of Hahnemann was then anxious to have the privilege of defraying the costs; besides there is no real heiress of Hahnemann at the present time living. If, therefore, any person claiming to be the heiress of Hahnemann has authorized the International Homœopathic Committee to raise a funeral monument, it must have reference to a totally different grave. Of the few persons who were permitted to be present at Hahnemann's funeral, his grandson is the only one living; he was an eye witness of this remarkable scene. The resting place was an old brick grave, wherein already two coffins were found to be deposited, one containing the body of a Mr. Gohier, the last president of the French Directoire, the other the body of a Mr. Lethiere, both having been intimate friends of Mme. Hahnemann. Hahnemann's coffin was with some difficulty pushed on the top of the other two and the tomb closed, and it has never been opened since.

It would decidedly be more prudent first to ascertain and make sure whether Hahnemann's body is really in that grave which the so-called heiress of Hahnemann graciously permits to be used for the proposed international monument. No one can be expected to part with his money before this point is made perfectly clear.

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### SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

[N. B.—The symptoms in brackets were taken down in the class-room.]

*Sanguinaria*. Sick headache with vomiting (of bile), beginning in the morning, increasing during the day; worse from motion, stooping, noise, and light; only endurable when lying still and relieved by sleep or after vomiting: especially severe over the right eye — the headache returns periodically. (Headache returning every seven days — *Sacch. offic.*, *Sil.*, *Sulph.*)

*Sanguin*. Headache rises up from the neck. (In headache rising from nape of neck and going over back of head to vertex *Sanguin.* is of very great value. *Br.*)



*Sanguin.* Heat in the nose ; coryza, rawness in the throat, pain in the breast, cough, and finally diarrhoea. (The only remedy.)

*Sanguin.* Nasal polypi.

*Sanguin.* Dry cough, awakens him from sleep, which did not cease until he sat up in bed, and flatus was discharged both upwards and downwards. (The only remedy.)

*Sanguin.* Pulmonary consumption ; *expectoration and breath exceedingly offensive.*

*Sanguin.* Typhoid pneumonia, with very difficult respiration, cheeks and hands livid ; pulse full, soft, vibrating, and easily compressed. (The last resort.)

*Sanguin.* Intense rheumatic pain in right arm and shoulder, worse at night in bed ; cannot raise the arm ; motion, turning in bed, makes it much worse. (The only remedy. Pain in *left* arm and shoulder — *Ferrum.*)

*Sanguin.* Ulceration at the roots of the nails on all the fingers of both hands. (Going from one finger to another through the whole hand.)

*Sanguin.* Rheumatic pains in the limbs ; pain in those places where the bones are least covered with flesh, but not in the joints ; *on touching the painful part the pain immediately vanished and appeared in some other part.*

*Sanguin.* Rheumatism, pneumonia, sick headache.

*Secale corn.* Hemorrhage from the uterus of black, liquid blood ; the *discharge is increased by motion.*

*Secale corn.* (Before labor pain ceases, the woman is very weak.)

*Secale corn.* Aggravation, especially from warmth ; from getting warm in bed ; from being covered ; from warm applications to all the variously affected parts ; during pregnancy, parturition and confinement.

*Secale corn.* Better in cold air, from getting cold.

*Sepia.* Small, red pimples on forehead ; rough forehead. (Pimples extend to the face. Whisky pimples — *Ledum*. Loafer's pimples *Lachnanthes*.)

*Sepia.* The eyelids pain in the morning when awaking, as if they were too heavy, and as if he could not keep them open. (Very important in stiffness of eyelids.)

*Sepia.* Yellow saddle across nose and face.

*Sepia.* Canine hunger and sensation of emptiness in the stomach. (See *Ign.*)

*Sepia*. Herpes — scaling off — on the elbows.

*Sepia*. Itch and scabs on the hands. Soldiers' itch.

*Sepia*. Suitable for persons with dark hair, and for women, especially during pregnancy, in childbed and while nursing.

*Sepia*. Follows well after *Puls.* (*Spongia* follows well after *Sepia*.)

*Silicia*. Desponding, melancholy, tired of life. (Averse to labor. All mental symptoms worse from reading or writing, unable to think.)

*Silic*. Compunction of conscience about trifles (a rare symptom.)

*Silic*. The child becomes obstinate and headstrong; cries when kindly spoken to (often seen in scrofulous children).

*Silic*. Burning, in head, with pulsation and perspiration of the head; worse at night, from mental exertion and talking, *relieved by wrapping the head up warm*.

*Silic*. (Patient feels pains in the head at every step.)

*Silic*. Most all the headaches are aggravated from mental exertion, stooping, talking and cold air, and are relieved in the warm room, and from *wrapping the head up warmly*.

*Silic*. Profuse, sour-smelling perspiration on head only (in evening and at night), with great sensitiveness of scalp, with pale face and emaciation. (In scrofulous children when hydrocephalus is commencing.)

*Silic*. Tendency to take cold in the head, which cannot possibly be uncovered. (Patient cannot remove his hat, even for an instant.)

*Silic*. Stoppage of ears, which open at times with a loud report. (Little cracks, as if a gun was heard, in the ears.)

*Silic*. Gnawing pain and ulcers high up in the nose, with great sensitiveness of the place to contact. (Much nasal discharge. Ulcers low down, scab has to be blown off — *Thuja*. See, also, *Kali bich*.)

*Silic*. Acrid, corroding discharge from nose and stoppage of the nose. (*Lyc.*, *Nit. ac.*, *Arum try.*, *Ars.*, *Kali hyd.*).

*Silic*. Sensation as if a hair were lying on fore part of the tongue. (Hair seemingly grows from the tongue — *Natr. mur.* See *Kali bich* )

*Silic*. Cutting pain in abdomen (colic), with constipation. Colic, with yellow hands and blue nails.

*Silic*. Incarcerated flatulency; difficult discharge of flatulence, very offensive flatulence. *Lyc.* flatus has no smell.)

*Silic.* Constipation; difficult, hard stool; the fæces are large, and if partly expelled slip back again, as if there were not power enough to expel them; even the soft stool is expelled with much difficulty. (Pipe-stem, hard stool, expelled with difficulty — *Alumina.*)

*Silic.* Abortion (can scarcely bear the motion of the child during the last months of gestation.)

*Silic.* Hollow, spasmodic, suffocative cough, from tickling in the throat, especially the throat pit, with expectoration only during the day of profuse, yellowish-green pus, or of tough, milky, acrid mucus, at times of pale, frothy blood, generally tasting greasy and offensive smelling.

*Silic.* Burning in tips of fingers (stiffness of fingers, trouble in bending them).

*Silic.* Panaritium. (When the felon has just commenced *Apis* is important, but after medication for it *Silic.* will help in healing it up.) (See, also, *Hepar s. c. Br.*)

*Silic.* Swelling of knee. (*Lyc.* swelling is painless.)

*Silic.* Ulcers on the lower leg, on the tibia. Caries of tibia (tenderness on inside of shin bone; sore to touch; dull, throbbing pain; swelling of bones. See, also, *Asafæt.*) (*Mezerium. Br.*)

*Silic.* Sweat of the feet, offensive, causing soreness between the toes.

*Silic.* Ulceration of big toe with stinging pain. (Proud flesh in ulceration of toes, and in in-growing nails — in which case suspect tuberculosis. For in-growing nails, see *Sacch off.*, *Graph.*, *Marum verum t.*)

*Silic.* Takes cold easily, especially when uncovering the head and feet. (*Puls.*, *Bell.*, useful for persons taking cold from change of hat or boots.)

*Silic.* Sensation of great debility and sleepiness during a thunder storm. (*Phos.*) (*Rhodod. Br.*)

*Silic.* Child learns to walk late. (*Calc. c.*)

*Silic.* Night-walking; gets up while asleep, walks about, and lies down again.

*Silic.* Painless swelling of the glands; they only cause very unpleasant itching. Suppuration of glands. Lymphatic swellings, with suppuration. Bones swollen, inflamed. Caries.

*Silic.* Suppurations; ulcers, with good and bad pus, especially in membranous parts. The skin heals badly; a small injury suppurates much.

*Silic.* Skin painful and sensitive. (In knee-joint affections with great sensitiveness to pain, *Sil.* is important. *H. N. Guernsey.*)

*Silic.* Ulcers of all kinds; also, after the abuse of *Mercury*. (Ulcers worse from cold, better from heat — *Arn*, *Sil.*; better from cold, and worse from heat — *Fluor. acid.* *Fluor. ac.* patient likes to sponge affected parts with cold water.)

*Silic.* Ulcers smell offensively; with proud flesh and putrid, acrid ichor; with stinging, burning, pressing, itching and smarting; panaritium; blood boils, carbuncles, warts; cancerous ulcers; fistulous ulcers. (Cancer of face. Bad effects from vaccination.)

*Silic.* Especially suitable for scrofulous children, who have also worm diseases, and for children during dentition.

*Silic* is an antidote to *Mercury* when it has produced bad effects in large doses, but it does not follow well after *Merc.* nor does *Merc.* follow well after *Sil.* *Fluor. ac.* follows *Sil.* well, and antidotes its too frequent repetition. (Never give *Merc.* for night sweat in typhus, look to *Sil.*)

*Staphisagria.* Anger and indignation, with pushing or throwing away of what one holds in his hand. (The only remedy.)

*Staph.* Styes. Nodosities in the eyelids. (When continually returning. The only remedy.)

*Staph.* Excrescences and nodosities on the gums. Teeth are very sensitive to the touch and to cold drinks. (*Sulph.*)

*Staph.* Pain in small of back, as after overlifting, spraining, worse at night (at 1 at night, at rest), and in the morning, and when rising from a seat.

*Staph.* Mechanical injuries from sharp, cutting instruments. (In cases of surgical operations with troublesome after effects.)

*Stramonium.* Mental derangement, especially in drunkards. Loquacious delirium and mania. Attacks of rage, with beating and striking persons. Desire for company and light. (Verified. *Br.*)

*Stramon.* Very changeable disposition; alternate; anticipations of death and rage; laughable gestures and melancholy deportment; affected haughtiness and inconsolableness; loud laughing and groaning. (Verified. *Br.*)

*Stramon.* Red, inflamed, swollen eyes. Staring, glistening eyes. Stupid, distorted countenance. Anxiety and fear are expressed in the countenance. (Verified. *Br.*)

*Stramon.* Difficult deglutition from dryness and spasmodic constriction of the throat. (Verified. *Br.*)

*Stramon.* Stuttering, with distortion of the face. Speechlessness. (Verified. *Br.*)

*Stramon.* Convulsive movements of arms over the head. Trembling of the hands. The hands are closed to a fist. Twitching in limbs. (Verified. *Br.*)

*Stramon.* *Suppression of all secretions and excretions.* (Verified. *Br.*)

*Stramon.* Worse in dark. (Cannot bear anything black, clothes, etc.) (The above symptoms were verified by me in a case of nymphomania. *Br.*)

*Sulphur.* Pulsation in the head, with heat in the brain, pulsation of the carotid arteries (*Bell.*), and of the heart, worse on waking in the morning, when moving about, on stooping, when talking, in the open air; better when at rest and in the warm room. (Pulsations in vertex.)

*Sulph.* Contractive pain as from a band around the cranium.

*Sulph.* (The sensation of burning on top of the head, with pressure as though a hand was pressing hard on the head is an important indication for *Sulph.* *Br.*)

*Sulph.* Ulceration of margins of eyelids. Itching of eyebrows. (Styes on lower lids.)

*Sulph.* Hardness of hearing; over sensitiveness of hearing. (The hardness of hearing always begins in left ear and goes to the right.)

*Sulph.* Herpes across the nose like a saddle. (Yellow saddle — *Sepia.*)

*Sulph.* Great sensitiveness of points of teeth. Teeth feel as if too long. Tearing toothache on left side. (Can bear nothing on points of teeth. See, also, *Lyc.*)

*Sulph.* (Faintness at 10 or 11 A. M.; must have something to stay the stomach; cannot possibly wait until dinner time; all-gone feeling.)

*Sulph.* Diarrhœa; painless; in the morning compelling one to rise from his bed; watery; of white mucus; smelling sour; undigested; involuntary. (Especially when passing urine.) (This early morning diarrhœa, when the patient must jump and run, is one of the great keynotes of *Sulph.* *Br.*)

*Sulph.* Hæmorrhoids, oozing or bleeding. Swelling of anus. Soreness of anus. Stitching and itching of anus. (*Nux v.* hæm-

orrhoids are dry, painful, with no discharge.) (Constant redness around anus. *H. N. Guernsey*).

*Sulph.* Coldness of penis, prepuce; weak sexual powers; impotence. (*Lyc*)

*Sulph.* Inflammation, swelling and phymosis of prepuce, with deep rhagades, burning and redness. (Not always a sure sign of syphilis.)

*Sulph.* Deep, suppurating ulcer on the glans and prepuce, with puffed edges.

*Sulph.* Bearing down in the pelvis; congestion to the uterus. (Bearing down is worse on walking.)

*Sulph.* Stitches through the chest, extending into left shoulder blade; worse when lying on the back, during the least motion, when drawing a deep breath, when lifting up arms over the head. (Stitches in stomach. Pain going through and through left shoulder-blade. Pain through and through right shoulder blade — *Borax*.)

*Sulph.* Offensive perspiration in the arm-pit. (In young girls at first menstruation — *Tellur*.)

*Sulph.* He has to lie on his back.

*Sulph.* Stooping gait; his head and shoulders are stooped when he walks. (Lean, thin and dirty.)

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## THE MARRIAGE RELATION.

Editor of HOMŒOPATHIC RECORDER.

I have been interested very much in the articles in THE RECORDER regarding Marriage and Divorce. Dr. Heysinger said some good things; so did "Country Doctor." If neither has reached the heart of the matter, fully, nor exhausted its possibilities, neither do I expect so to do. But I did wish to say a word or two touching the matter as I see it.

Dr. H., in speaking of some remedies (preventives) applying to the evils now existing on the marriage plane, says: "Teach the sacredness of marriage, *not necessarily in a religious sense*." I would say teach the sacredness of marriage *in a religious sense*. The fact is, Dr. Waugh's assertions are largely over-estimated I believe. But, allowing his statements to stand and allowing that in 25 per cent. of women sexual orgasm never occurs — in 60 per cent. rarely, his remedies (separation and facility of divorce) are impotent, for there are many women who revel in sexual license who never knew sexual orgasm. No amount of

“education” that happiness in wedlock “depends on being sexually mated” will ever make men and women as God intended them to be morally and spiritually clean. Being morally and spiritually clean is the only remedy for the evils Dr. Waugh and his kin, and “Country Doctor” bewail. Dr. W. has touched the border of truth in thinking that *experience* must be the guide to happiness sexually, but the meat of the truth is the fact that such experience must not take place upon the plane of license. The morally clean must lust after orgasms. Nor does the absence of orgasm prevent normal conception. I do not think young minds should be poisoned with the slightest hint of *sexual passion* either before or after marriage. And true love may run smoothly without sexual mating. Given a marriage of morally clean persons there is full possibility *after* marriage for all needed sexual knowledge. I do not forget that there is a personal mating, but I remember that the only mating in which God can be interested must be a soul mating. He or she who is not governed by the purest character motives in the seeking of a wife or husband will sink to the level of sexuality in married life — possibly to the slums of license, which is hell on earth. Therefore, I assert that the sacredness of marriage should be taught in a religious sense; that is, in its teaching it should be allied to things in which God places LOVE — not sexuality. Jesus said: “In the resurrection they neither marry nor are given in marriage, but are as the angels in heaven,” and for proof that he considered this purity of thought in the resurrection as fruitage from the previous life of the soul we have him on record as saying that God recognizes but one legitimate cause for divorce, namely, fornication. In his words: God “in the beginning” made men and women “male and female,” and *for this cause* shall a man leave father and mother and shall cleave to his wife: and they twain shall be one flesh.” And “what God hath joined together let no man put asunder.” If any education concerning marriage is to be taught the young let it not be an education pertaining to sexuality, but let it in Jesus’ name, and in the interests of God be an education that teaches the principles of purity and honesty and self-sacrifice of soul. Should a couple make a home together, and it should happen that the wife lack the power of orgasm, the family physician may by advice to the husband convey to that couple knowledge which shall remedy the defect; possibly medicine may be needed in the case. The majority of such cases may in



one of these ways be set right. In a large percentage of such cases the fault is the husband's — he is not thoughtful and considerate in time and character of his attentions, or he is weakened by excesses or habits which are wrong. But, suppose we think of a couple who are both healthy, neither weakened or abnormally turned by bad habits or excess, and yet the wife is incapable of orgasm. If those two are moral, clean-thoughted, with aspirations and considerations in their minds such as normal man and woman should have, and if they love each other even as well as true friends should love, is the main question raised by Dr. W. going to mar in the least their mutual happiness or lessen their mutual respect? Certainly not. The sexual instinct is legitimate, but when it becomes the incentive to marriage, or the ruling passion of marriage, it makes the man or woman a mere nasty brute, nasty where animals would be innocent, because animals have not reason such as man has been given to guide him into the use and away from the abuse of powers in object inhering in God's creation of souls as complimentary to divine ultimates in salvation. It is inevitable that some couples should be mis-mated in marriage even though they should have exercised the wisest possible discretion privileged to them by their environment in seeking the union. But in such cases there should not enter the least thought of low satisfaction (satisfaction on a plane of thought devoid of moral and spiritual aspiration) as an incentive to separate and seek other mates. There is possible in such cases a nobility of self-sacrifice such as makes true saints, which may hallow the married life into a friendship which may bring as high results as the most loving marriage might bring. The sexual function is not a necessity of life for either man or woman. Dr. W. should know that the properties that pass in the consummation of conception become in the purity of manly and womanly abstention the properties of high intellectual power. In the light of this fact, how revolting it is to the manly or womanly to see or hear teaching that turns the young mind to the belief that personal satisfaction is the incentive to marriage. The truth is that in the defects of character training are all the roots of marital unhappiness, and from character training must be plucked those basic defects, and in their place must be put noble Christian principle, as the only means to correct as far as possible the existing evils.

W. W. GLEASON.

*Attleboro, Mass., February 26, 1898.*



## TINCTURE STRENGTH IN THE HAHNEMANNIAN AND BOSTON PHARMACOPŒIAS.

Editor of HOMŒOPATHIC RECORDER.

In an article in the *Medical Visitor*, favorably reviewing the Boston Pharmacopœia, it is made to appear that homœopathic tinctures made according to the Boston Pharmacopœia are stronger than those prepared by Hahnemann's method, as, in support of his contention, only tinctures that are stronger (though some only theoretically so) are used as examples to illustrate the writer's point, ignoring the great majority. Taking the figures given in the new Pharmacopœia (which, by the way, are not at all accurate, and, therefore, tinctures prepared from these data are not all "scientifically" accurate) by actual count it is found that ninety-four of the tinctures prepared in the new way are theoretically stronger, while three hundred and eighty four are very much weaker, than those prepared according to Hahnemann's rules; indeed, a very large number of these latter, prepared according to the Hahnemannian method, are fully double the strength of those of the new preparation. Class 4 tinctures, such as *Nux vomica*, *Ipecac.*, *Ignatia*, etc., are, according to Hahnemann, prepared in the proportion of 1 part of drug to 5 parts of alcohol, while the Boston Pharmacopœia gives the proportion as 1 to 10, from which it will be seen *why some pharmacists would readily follow the new plan if physicians are satisfied to adopt it.*

The word "theoretically" is used above in reference to the ninety four tinctures, which seem to be stronger when prepared by the new method, since practically the result is frequently quite different, as in fact the writer of the article in the *Visitor* himself indicates, for he states: "Assuming that the moisture, *i. e.*, the juice of a plant, represents all of the valuable medicinal properties of the plant, it is nevertheless a practical impossibility to obtain in the form of juice more than a trifle over one-half of the moisture present in the drug." To take *Belladonna* (one of the illustrations used by the writer of the article in the *Visitor*), we find it stated that the plant contains 567 C. C. of moisture to 100 grms solids, and according to the above we could express only 280 C. C. of juice with which Hahnemann directs us to mix an equal quantity by weight of alcohol to make the tincture and though the physician is asked to be-

lieve, by means of the "deadly parallel," that, theoretically, the Hahnemannian tincture of *Belladonna* is weaker than the new tincture, that is, the proportion of solid is 1-11, still practically by the above rule the proportion in the Hahnemannian preparation of *Belladonna* is 1 to 5½, or nearly double the strength of the new preparation. This proportion will be found to be the same in a majority of the ninety-four tinctures, which, according to the new methods, are *theoretically* stronger.

M. D.

*Philadelphia, Pa., March 25, 1897.*

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### SOME CASES FROM THE FAR EAST.

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#### Verification of Two Symptoms of *Natrum Muriaticum* of Hahnemann's Chronic Diseases.

By A. W. K. Choudhury, Calcutta.

Whenever we chance to verify a symptom of the homœopathic *Materia Medica* we glorify Hahnemann, the founder of Homœopathy. *Natrum Muriaticum* is nothing but what we consume every day in large quantities in the form of our common table salt, and, perhaps, had scarcely any medicinal use before Hahnemann introduced it in Homœopathy. A true and earnest homœopath may call the outsiders to come in and see what Homœopathy has in her palace, though unfinished. Our reader will be amazed to find how two of the symptoms of *Nat. mur* of the "Chronic Diseases" of Hahnemann were verified in the following case :

This is a case of fever: Patient, L. R. K. C., aged about seven years, came under treatment the 12th December, 1897. The history and symptoms of the case were as follows: Fever since 11th December, 1897, from 11 A. M.; no remission till 10 P. M., the next day. *Residence near a pond*; bathed in that pond for a longer time just before the attack; after bathing took food—his day meal; nothing mentioned as prodromata; *chill*, severe, *with thirst*, *with sleep*, then *heat*, *with thirst* (in the first part), having no thirst in the latter part of the heat; heat *with sleep* and *aversion to uncover*; *headache* severe, causing the child restless both in chill and first part of heat; *during the first part of heat* greasy sweat on forehead, neck and sides of trunk, but this sweat not continuous; no separate sweat; \* almost no

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\*Compare here Boëninghausen, who has in his "Homœopathic Therapiea of Intermittent and Other Fevers," *chill*, then *heat with sweat*, then *without sweat*, having *Nat m.* for its remedy.

headache in latter part of heat; passed a small *involuntary liquid stool* while sitting, and not sleeping.

Startings very often in chill and in heat just after sunset the 12th December, 1897, while he was in heat of fever and sleeping. Another child of about the same age as that of our patient came near to the outside of the room in which our patient was sleeping and made a peculiar sort of a loud noise, causing the patient to be startled, horrified, and become, as it were, paralyzed by the fright.

Hahnemann has in his "Chronic Diseases," under *Natrum mur.*, in S. 53. "Very much inclined to be startled," and in S. 54. "In the evening he was, as it were, paralyzed by a fright, then he became horrified and apprehensive."

The startings and the state of being horrified while sleeping continued till medicine was administered. After the first dose of the medicine the child had sound sleep till after 3 A. M., then again slept for about two hours.

Treatment: *Natrum mur.* 30, one globule per dose. One dose just after 10 P. M., the 12th December. Another dose the next morning. Fever gradually disappeared and there was perfect remission before evening the next day. Had no more fever; tongue found the 14th inst. yellowish; no stool till the 17th December, and that after taking his usual meal — the rice.

*Remark.*—I think the two symptoms mentioned above from the "Chronic Diseases" of Hahnemann are very well verified by our present case. After administration of the first dose of the medicine the startings and the horrified state disappeared, patient enjoyed sound sleep and the fever commenced to subside, perfect remission following the next evening.

In verifying the symptoms of *Natrum mur.*, as shown above, we are very glad to note the wonderful efficacy of the salt, when potentized, to cure some fevers. We often neglect to study common things and things of our every-day use, but this should no longer be continued seeing *Nat. mur.* play magic in the hands of homœopaths.

### **Lycopodium in a Case of Tonsillitis.**

Here we have a patient, the wife of a rich Zemindar, mother of six (?) children, of fair color. A year or more past I had to treat her once more for the same illness. This time she was given *Bar. c.*, and she got well under that treatment. Although I was well aware of her getting the illness whenever she hap-

pens to catch cold — a state of deviation of health often requiring *Bar. c.* to reform — the totality of the symptoms compelled me to select the present remedy.

On the present occasion she came under my treatment December 19, 1897, at about evening. For some cause or other this time I was not allowed to see her, a state of things which I never allow in treating a case however simple; but for fear of losing a patient, and moreover a rich patient, I was compelled to prescribe for her, and God did good to both of us — the patient and the doctor. She recovered.

*History and symptoms of the case:* She came under treatment when she had been suffering since about two full months. In the commencement both tonsils were affected, then throat was painful on both sides in swallowing; there was no pain in the left side, only the *right side painful in deglutition*; slight pain in swallowing in the daytime with aggravation at night, with *difficulty of breathing and oppression of chest at night*. *Running coryza with stuffed up nose at night*; no fever; bowels open daily, twice or thrice.

These were the symptoms of the case — and what led me to select *Lyc.* here? The right-sided tonsillitis and running coryza with stuffed up nose made me to select the remedy.

Four doses of the medicine (*Lyc.* 30, one globule a dose) cured her. Good result was seen soon after the first dose; but more satisfactorily after the third dose, which was given at about 3 P. M., before the commencement of aggravation of her symptoms and that of *Lyc.* The first two doses of the medicine were given after evening, when aggravation had already been commenced. She was given a dose per diem.

Medicines having an anti-periodic action in Homœopathy may better be used before the commencement of the aggravation of symptoms.

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## A CASE OF POISONING FROM STRYCHNINE.

By Dr. Robert Saeger.

Translated for HOMŒOPATHIC RECORDER, from "*Allgem. Hom. Zeit.*,"  
March, 1898.

Observations of poisoning from *Strichnine* are not numerous, and on account of this rarity the following case ought to be reproduced here in a summary form. It was observed in the medical clinique of Prof. Eichhorst in Zurich and reported in

the "Münchener Med. Wochenschrift" (No. 1, 1898), by Dr. A. Habel.

"On the 10th of November, 1897, at 10 A. M., a man was brought to the clinique who attempted suicide with *Strychnine* at 8 A. M. Even while the patient was put to bed, at the slightest touch, clonic convulsions of the arms and legs appeared. The expression of the face was full of anxiety. The face itself was cyanotic in a high degree and there was a discoloration of a leaden gray. The cyanosis, or rather *leaden color*, also extended over the rest of the body which was covered with a cold clammy perspiration. The patient was very restless; the sensorium was perfectly undisturbed. The pupils were of medium size and reacted well. The mouth could not be opened. There was a violent opisthotonus, but no stiffness of the neck. The arms were extended, but could be bent without offering any resistance. The legs were abducted; the contours of the muscles showed plainly under the skin and showed uncontrollable tonic contractions. Clonic muscular jerks darted at times through the whole of the body, especially manifest in the arms. They appeared in consequence of acoustic and optical irritations, as well as when the skin was lightly touched; while a firm grasp did not call forth any convulsions.

The stomach was at once thoroughly washed out with 12 quarts of water; the patient was given strong black coffee and then every two hours 10 drops of tincture of *Iodine*. In consequence, the convulsions came at longer intervals and in the following night they ceased entirely.

The temperature was 38.0° (100° Fahrenheit), and the pulse showed 132 beats a minute.

In the morning of November 11th there was no more trismus, nor clonic twitches. The patient complained of *urging to urinate*, but *could discharge no urine*. Temperature 36° (97° Fahrenheit), the pulse 88.

In the evening of November 11th, the retention of urine still continued.

November 12, severe pains along the spinal column. During the night there had been spontaneous micturition. The urine was distinctly bloody, of a brownish-red color, and showed, on standing, a copious sediment, which contained albumen. Heller's blood-test gave positive results. Very many renal cylinders, consisting chiefly of hemoglobin. Temperature 36.5° (98° Fahrenheit), pulse 84.

On the 18th of November the urine was again quite clear, without albumen and without sediment. On the 22d of November he was discharged.

The patient had taken altogether and at one time about 0.18 gramme (2.77 grains) of *Strychninum hydrochloricum*, thus more than ten times the maximal dose (0.01 gramme). According to the statement of the patient, symptoms of poisoning showed within half an hour, as there were painfulness, stiffness and twitches in the limbs. This first appeared in the ankle and then quickly ascended into the knees.

Nothing really new was developed by this case. All the symptoms and many more are well known to every homœopath from *Nux vomica*. Dr. Habel, who reports the case, was, however, surprised by the *retention of urine, the appearance of blood in the urine and the increase in the temperature*. He found only one similar case in the whole medical literature, that of Honigmann (*Deutsche and Wochenschrift*, 1889). "Blood," he avers, "has been found in stools after poisoning from *Strychnine*, but, except in the case of Honigmann, *never* in the urine." This plainly shows us where a limited, narrow-minded partisan spirit naturally leads. If Habel had ever looked into any homœopathic book of *Materia Medica*, he could not have remained ignorant of this symptom so long well known. He explains the symptom as hemoglobinuria in consequence of irritation of the kidneys. *Retention of urine* is too frequent a symptom in poisonings with *Strychnine* and is also so well known to allopaths in general (see *Schulz. Grundriss der Arzneimittellehre*) to require any further consideration.

As to the increase of temperature, Farrington mentions that the nux-fever does not range as high as the fever of tetanus. But concerning tetanus we know that it may be attended by even hyperpyretic temperatures, even up to 44° C. (111° Fahrenheit). In fevers from taking cold, chills running up the back, etc., *Nux vom.* is a very common remedy to eventually cut short a catarrh that is setting in.

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## REVUE HOMŒOPATHIQUE FRANÇAISE.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER.

### Observations by Dr. Tessier.

1. An engineer, 28 years of age, came under my treatment in May, 1896. He complained of a pain in the left arm, which had continued for several years, but had become insupportable in the last weeks. At night he is waked up every few moments by the piercing stitches and the formications, which, starting

from the arm, radiate into the forearm and the hand. During the day he is unable to lift up any object at all heavy, or even to bring his fork or tumbler to his mouth. Writing is troublesome and painful.

On examination, the humerus feels somewhat enlarged, and a photograph with the Roentgen rays enables us to distinguish a hypertrophied, misshapen humerus. The case is diagnosed as osteomyelitis. Before trying any operation, Dr. Tessier, with the consent of the patient, desired to try the homœopathic treatment. The patient received for six months *Rhus tox.* 6 in alternation with *Merc. sol.* 6. After this lapse of time a slight amelioration could be established. *Aurum*, which was next used, gave no effect. In October I prescribed *Cocculus* and *Asafœtida*. From then on a definite, continual improvement could be seen, and at present the man is cured. A photograph lately taken and exhibited in the session of the Homœopathic Society on March 10, 1897, shows that the diameter of the bone has been restored almost entirely to its natural diameter and its normal form.

Observation of the Reporter: The skeptic may perhaps deem the diagnosis not beyond the reach of criticism, nevertheless the success obtained is a very valuable one.

2 A man 60 years of age had been afflicted for several weeks with a universal eczema, which left him no rest night nor day. Every treatment tried hitherto had been ineffectual. On the 12th of June he came to Dr. Tessier. He found a moist eczema occupying face, breast, the arms and the inguinal region. The patient was emaciated and exhausted. Prescription: *Meloe* 1st dil., one dose on awaking and one before the siesta. *Chloralhydrate* 5 centigrammes before dinner and before going to bed. On the 14th of July, four weeks from the commencement of the treatment, the patient was cured.

The author used *Chloral hydrate* on account of the pathogenetic symptoms of this remedy as given by all provers, such as flushes of heat, redness of the skin, eruptions, especially on the conjunctiva. It is hard to say how much of the cure is to be ascribed to *Meloe* (probably *Meloe majalis*) a remedy but little proved as yet, and probably similar to *Cantharis* in its action, and how much to *Chloral hydrate*.—Rep.



### Poisonings from Arsenic.

Dr. Comby directed the attention of his colleagues in the *Société Médicale des Hôpitaux* to a case of paralysis from *Arsenic* which he had observed.

A girl of 7 years had been treated with *Arsenic* by an eminent physician, owing to a highly-developed chorea. The child had taken about 24 centigrammes of *Acidum arsenicosum* in eleven days. About the sixth day vomiting and a moderate degree of status gastricus appeared, but the child was nevertheless dismissed as cured of its chorea. Five weeks later the parents brought the child back to the clinique with a paralysis of the lower limbs, which had set in forty days after the last dose of *Arsenic*, and fortunately was as quickly cured.

Several other members of the society reported similar observations.

On July 21, 1897, Dr. Lancereaux made an interesting report to the Academy of Medicine concerning arsenical paralysis, arsenical fever, and the dangers of arsenical treatment.

Dr. Lancereaux acknowledges not only the merely dynamic paralysis (as in hysteria) and that dependent on the material alterations of the nervous centres (hæmorrhage, softening, swellings, etc.), but also a third class, which from their chemical origin he denominates toxic paralyzes. These, he says, are those paralyzes which, by physicians who care little for causal notions, are described as peripheral paralyzes, which, however, have quite a peculiar quality and character.

Now what are these characteristics.

1. A special localization in the nervous trunks of the extremities, especially in those which supply the extensor muscles. The nervi optici, phrenici and vagi are only exceptionally affected.

2. Atrophy of the muscles affected, diminution or cessation of the electric contractility; the limbs remain half flexed, while the alteration of the extensors predominates.

3. An almost total symmetry of the paralyzes in the upper limbs, when these are affected, as also in the lower extremities.

4. The paralyzes extend upward from the extremities to the roots and trunks of the nerves, so that these toxic paralyzes may also be denominated ascending.

5. The accompanying phenomena:

- a. Subjective, that of sensitiveness, which precedes the motory disturbances, and which, like these, are localized in en-



tire symmetry, with preference in the termination of the limbs; they are ultimated here as sensations of going to sleep, pricking, formication, lancinating pains and burning.

*b.* Objective and symmetrical general sensitiveness, also localized in the extremities, while the special sensitiveness is nearly always preserved. These phenomena show themselves in an excessive exaltation or depression of that function, according to the nature of the toxic matter.

*c.* Vasomotory or trophical disturbances, which also appear symmetrically in the lower limbs in the highest degree of their intensity, while this rarely takes place in the upper extremities.

To illustrate the subject, the speaker introduced two cases observed, the first being a *paralysis from Arsenic*.

This case occurred in a girl of 13 years, who had been well up to that time, if we except *repeated vomiting* and undefined pains, but took to her bed as sick on the 10th of February. Up to the end of March the temperature fluctuated between 38° or 38.5° C. (100° and 101° F.) in the morning, and 39° to 39.5° C. (102° to 103° F.) in the evening. The pulse fluctuated between 100 and 130 a minute. The complexion was fresh, but the girl, despite her good appetite, fell off more and more.

The digestion was not bad; diarrhoea showed itself but rarely, but from time to time there was vomiting of mucus with great exertions.

Being called in for consultation, Dr. Lancereaux, as well as the physician who was treating her, thought of typhoid fever. Toward the end of March the girl complained for several days of a sensation as if the tips of her toes were asleep, so that L. thought of the appearance of paralysis from a typhoid origin.

The fever, instead of diminishing, after a slight remission of a few days, increased again; the feet became more and more painful and difficult to move, and toward evening, at the time when the fever increased, the girl, who since several days had not been able to leave her bed, had a sensation in the terminations of her limbs as if they were dying off, and under her toe nails, which had thickened, she had a sensation of formication, burning, or as if they were torn open.

An examination of the lower limbs brought Dr. L. to an appreciation of the true state of the case. The legs were half flexed toward the thighs and could not be fully stretched out

owing to the retraction of the tendons of the hough. The toes showed a slight degree of flexion, especially the big toe of the right foot; here, as well as in the feet, an œdema had been occasionally observed. The toe nails had thickened, were firm, apt to break off, and had lengthened. The extensor muscles of the lower extremities, on the thighs as well as on the legs, the feet and the big toes were distinctly paralyzed and atrophied.

The girl could neither properly stretch her toes nor her legs, so that a lameness and atrophy of the extensor muscles of the lower limbs was indubitable. The reflexion of the patella had ceased and that of the planta was diminished. Sensitiveness to pain, which in the region of the feet was depressed, almost reached its normal above the malleoli. The sensations of numbness and of burning continued, her sleep amounted to nothing, and she was continually afflicted with nightmare.

The upper extremities, although weak and emaciated, offered no motory or sensory disturbances, excepting some lancinations; heart, lungs and kidneys worked normally. The appetite was totally lacking; she had an aversion to all food, and though there was no diarrhœa her strength steadily declined and death seemed near.

In this state of the case only one thing seemed sure; there was doubtlessly a toxical paralysis. An alcoholic paralysis was excluded, not only from the girl's mode of life, but also from the absence of an increase in the reflexion of the planta, of the hyperalgia of the extremities, of frightful dreams and of mucous expectoration in the morning.

Finally, in searching after a substance that might have caused such a paralysis, it was mentioned that the child, which had formerly suffered from general psoriasis, had, on the advice of a specialist in cutaneous diseases, used *Arsenic* for three years.

This solved the riddle. By a milk diet, and the use of hydrotherapeutic and electric treatment, a sudden and progressive improvement was effected, though the cure is not yet completed.

In another case there appeared in a patient after ceasing the use of *Arsenic* an *intolerable itching*, then an *intense erythema* on the *palm of the hand* and the *sole of the feet*. This erythema, accompanied with a light swelling, was of a scarlet redness, which was most pronounced toward the tips of the fingers and the toes. This cutaneous eruption was followed by an entire desquamation of the parts affected.

Strange to say, Dr. Lancereaux asserts that he never has seen a case of *Arsenic* fever nor found any such in the works of our revered teacher, Imbert Goubeyre. And yet the latter had as early as the year 1865 published an article in the *Art Médical*, entitled, *Memoire sur l'Arsenic Fébrigène*, in which he gave quite a number of observations on fevers, both intermittent and continuous, caused by *Arsenic*. But Dr. Lancereaux has perhaps no knowledge of the journal, *l'Art Médical*. (The gulf which separates the old school and Homœopathy is in France no less deep and wide than in Germany. The ignoring of scientific labors, however, is more a failing of the dominant school than of our own, since we willingly and gladly take notice of everything worth knowing in the domain of medicine.) The labors of Hahnemann, of his pupils and successors, especially in the physiological and pathogenetic proving of the heroic remedy, *Arsenic* — although these discoveries were of such importance, have been hardly noticed by the other side — until at last the undesirable attendant and subsequent effects of this remedy, which continues to be given to patients in doses too large and too long continued, have forced upon their notice many facts which have long been known to us as its pathogenetic effects.

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## SUCCESES.

By Dr. Goullon, Homœopathic Physician in Weimar.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. fuer Hom.*, March, 1898.

Mr. E. writes on the 28th of December: "It is very wrong of me, I must openly confess it, not to have before this answered your friendly missive. But I hope you will excuse my making you wait so long, as I can now communicate to you that I feel entirely well. And this is apt to make a man forget everything else if he was said to suffer from ulceration of the stomach, but by your calming words of comfort and your trusty help has been brought to think otherwise."

This is the case of a foreign patient who came to me on the 8th of July, 1897. He was strikingly emaciated, so that almost every rib could be counted. He had suffered from violent hemorrhages from the bowels. At present he was tormented by an inordinate flatulence, which, as he says, only appears from ten

to twelve hours after eating. So also heartburn. Four weeks ago there was a flux of yellow mucus from his rectum. These are burdened with piles, and as he is an office-holder of sedentary occupation we might call it official hemorrhoids. When he hawks his fauces bleed, so there is surely also catarrh of the fauces ; this is accompanied with nasal catarrh. But it was the catarrh from the fauces which made him an invalid after serving for nine and a half years as assistant in a hospital.

His parents are 72 and 71 years of age, so there was not much likelihood of tuberculosis, of which the patient was suspected by other practitioners when in the spring of 1879, after a wetting all through by a thunderstorm, hemorrhages from the lungs developed. We must also give prominence to a great indolence of the bowels, which not only caused obstinate constipation but also the incarceration of the gases (flatulence). As is usually found in such patients, he could not bear milk. Frequent empty eructations upward completed the typical image of a hemorrhoidal patient, to which, however, several aggravating momenta were added.

*Sulphur*, *Carbo veg.* and *Lycopodium*, all of them names of good report among us, though esteemed but little or not at all by allopaths, restored this man to health. Here the wide difference between the two methods of healing is clearly indicated. And although the results obtained can be felt with both hands, the allopath remains in his a priori unbelief and ignorance. How is it possible that vegetable charcoal and the harmless lycopodium seeds cause any change in the condition of such a chronic patient and his deeply rooted ailments? The same doubts occupied the opponents of Galileo, when he condemned the sun to stand still and demanded of the colossal earth that it should revolve 365 times a year around the sun. The fact is : "And yet it moves !" So also Homœopathy keeps moving in spite of all the clever and just as frequently stupid arguments of its opponents.

2. Quite a strikingly rapid curative effect of *Kali bichronicum* was seen in the following case :

Mrs. C. was suffering from Basedow's disease, but feeling relatively well at the time was seized in the middle of November with an acute laryngea-bronchial catarrh. She has a feeling of soreness along the tract corresponding to the course of the trachea. She has a characteristic name for it ; "an inflamed

pelt." The access of the air to the lungs is thereby so much impaired that the passage seems continually to become more straitened, and there arises a high degree of dyspnœa. This by itself would explain the distressing insomnia from which she has been suffering for several nights. In consequence the patient during the day is very much prostrated, out of sorts, and feels wretched and miserable, which is further attended with loss of appetite and disturbed digestion. All this was at once changed when the patient received *Kali bichromicum*, which has a specific co-relationship with the larynx as well as the bronchia. On this account also certain asthmatic troubles, attended with a sensation of dryness and straitness in these organs, are wont to yield to this remedy. It has seemed to me to be more reliable in such cases than *Mercur. sol.*, *Phosphorus*, *Hepar*, *Causticum*, *Bryonia*, etc.

Especially remarkable was in this case the effect of *Kali bichrom.* on the sleep. The patient after taking it would sleep almost without interruption from 8 P. M. to 7 A. M., which she of course considered as a great treat. And although this effect on her sleep is merely secondary, and caused primarily by the fact that the *Kali bichrom.* produced a change in the mucous membrane of the respiratory passages which had been affected with catarrh, and the inflammation in which was reduced, which made the respiration easier and put an end to the obstruction to her sleep, it is nevertheless noteworthy that not only *Kali bichrom.* but also *Kali carbonicum* and the latter, indeed, in a still more sovereign manner—cause sleep. The same is true of *Tartarus stibiatus* (alias *Kali stibio tartaricum*). Even *Kali jodatum* frequently proves a soporiferous remedy, but in such a way that it may produce sleep, as well as disturb it other times. Best known, however, and we may say that that it has even become a household remedy, is the preparation of *Potassa (Kali)* called *Bromide of potassium*.

As to the dose, experience teaches me that *6th decimal is the best*, as it is in *Tartarus stibiatus*. It suffices to put 4 drops of the remedy into half a wine-glass full, *i. e.*, about 50 grammes of water. Of this we give 1 teaspoonful every 2–3 hours.

*Tartarus stibiatus* would be preferable to *Kali bichrom.* in cases where there are symptoms of the bronchia, the lungs and the pleura, thus, *e. g.*, at the height of an influenza with fever, heat, restlessness, thirst, etc. There were, however, no complaints

of this kind in the case reported above. The two remedies complement each other and are adapted to the same individualities and bodily constitutions. Our literature is comparatively poor in such communications; but *Kal bichromicum* deserves to be well noted in such circumstances.

Miss P. about eighty years old, had a violent bronchial catarrh. Soon threatening symptoms appeared, *e. g.*, during the night suffocative attacks. On applying the ear to her back, and even without this, wheezing and rattling in the bronchia was heard, and their being temporarily shifted up cause asthmatic attacks. The patient at times leaves her bed at night, without knowing what she is doing. So also while coughing the urine is involuntarily discharged, and this weakness of the bladder and its consequences cause her to take a fresh cold. Owing to the age of the patient, who looks prostrated and discolored, has little appetite, while her strength gives way. The prognosis could not be termed a good one. At the same time Miss P. originally had a robust, we may say, a hard nature. She walked a number of miles yet last summer, and was used to a regular course of life.

She received *Bryonia*, *Phosphorus*, *Tartarus stib.* Nevertheless the copious ill-smelling expectoration did not diminish.

*China* seemed to be very suitable, and I had relieved her sister with that remedy in a similar case; in such cases I use the *i. D.*, 4-5 drops several times a day. The continued use of this prescription acted excellently, and Miss P., to the surprise of her acquaintances, recovered.

But I must not leave unmentioned the fact that I also used a very simple external remedy, but which for that very reason should be imitated by others, *i. e.*, purified spirits of turpentine in the form of inhalation. And the fact that even the poorest man can apply this remedy (for a few cents' worth of spirits of turpentine is sufficient for several weeks) is worth noting. For it is impossible that the really beneficent remedies should only be intended for the rich; we should rather suppose that in such cases cheapness, simplicity and rationality should join hands. On this account we should mistrust the modern remedies which quite unnecessarily lighten the purse of the patient, without verifying the boasting promises heralded forth in their quack-like advertisements; this equally applies to curative serums, dietetics and surrogates for remedies well proved.

We thus succeeded in obtaining through inhalations of turpentine (joined with *China*) results which else are only *attempted* by the use of creosote and its derivatives, Guajacol., etc., which remedies besides destroy the appetite of patients already weakened.

A very obstinate case of *Tic douloureux* or (Fothergill's) facial neuralgia had been kept in bounds and alleviated for months with *Spigelia*, *Magnesia phosphor.*, *Quinine*, *Arsenicum* and *Stannum*; but on the 15th of September Mrs. A., a patient about 70 years of age, living in impoverished circumstances (we might speak in this case, after the analogy of *Arthritis pauperum*—the gout of the poor—of *Tic douloureux* or, more fittingly, of *Prosopalgia pauperum*—the face-ache of the poor) came back again and lamented about an intense *burrowing* pain in the right side of the face, which is slightly relieved by pressure on the painful spots. She also mentions twitches and darting pains in the affected nervous portions as well as "a copious perspiration extending all the way to the forehead." At other times: tearing all through the head, as in the typical face-ache in general, so also here the pain is called up or considerably aggravated by eating, *i. e.* by *chewing*, by speaking and by moving the mouth.

As an originating cause, there seemed to be very defective teeth, or remains of teeth, she calls them "stumps." But every man of experience knows that the removal of these *corpora delicti*, or scape-goats of pain very rarely causes a radical cessation or even and appreciable alleviation of this neuralgia. Even the cutting through (resection) of the nerve or nerve trunk principally interested has frequently proved in vain. The old woman in this case had also tried all the recommendations of the allopathic school, the so-called "scientific medicines."

I did not this time hesitate any longer to give her a remedy which frequently before has proved effective in very deeply rooted nerve pains and in inveterate, chronic painful inflammations in various parts of the body, and which thus may be regarded as an *ultima ratio*. This is *Mezereum*. This remedy is well known to many from their tooth-ache practice (and the teeth were, indeed, also concerned here). It is said to be indicated when in tooth-ache there is at the same time the sensation as if the teeth were too long. Heinigke frequently gave *Mezereum* in chronic inflammation of the internal eye.

Mrs. A. received the second decimal freshly prepared by myself, still a proportionally heavy dose, since *Mezereum* is a viru-



lent poison ; so that there is no reason for certain learned men to turn up their pathologico anatomical nose at this dilution.

The result was excellent, for the pain disappeared on the right side and only died away, so to say, in weak chords on the left side, but so insignificantly that the patient was highly delighted at the exchange and the cure. I prescribed that she should for a time continue with *Mezereum* 2D., taking 3-4 drops in the morning and in the evening.

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## CASES FROM PRACTICE.

By Dr. Thorn of Fleusburg.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig, Pop. Z. für Hom.*, March, 1898.

Mrs. T., the owner of a mill in Northern Schleswig, a stately lady of otherwise blooming aspect, between thirty and forty years of age, has been for ten years suffering from a hypertrophy of the concha of the right ear. The skin of the concha is discolored a bluish-red, and covered with excrescences, some of hemi-spherical, others of a spiral form, which are very painful. Since the ailment has lasted she has been almost the whole time under allopathic treatment. Repeated abscissions of the excrescences by Danish physicians were after every operation followed by a growth only more luxurious. About one and a half years ago the patient, who now, for the first time, "gives Homœopathy a trial," sought my help. She received *Graphites* 6 in rare doses; now and again a powder of *Sulphur* 3d trituration for three months, without any effect. But from that time she began to improve. The same prescription is continued with occasional pauses and with a steadily increasing improvement. After about 10 months from the beginning of the cure the diseased concha looked almost like the other. The pains had ceased months before.

2. The son of locksmith M. of N. has been sick for several months; he is one and a half years of age. The allopathic physician who treated him before me had given no diagnosis of the case, as far as I could discover. An examination of the internal organs showed nothing abnormal. On the skin there were seen brownish-yellow spots, found especially on the extremities; these point to the fact that an eruption has been



cured. The appetite and digestion of the infant are normal ; there is no fever. The only deviation from the normal consists in a nervousness of high degree. Then the child is seized now and then by day and at times by night with a peculiar dyspnoea and restlessness, during which the child desires to be taken up by its mother and carried about. After several hours, the phenomena disappear and the child appears as if were healthy. I did not give any definite diagnosis. I only prescribed a few doses of *Sulphur* to introduce the treatment. In a subsequent call the mother suggested that the child had perhaps taken sick after the vaccination. Now I prescribed some pillets of *Thuja* 6 D. For a long time I heard no more from my patient. Some weeks later, I was again consulted on account of a gland as large as the fist of a little child. This had developed on the right side of the neck and would not, as the parents had hoped, go away of itself. The attacks before mentioned and all the morbid phenomena had disappeared after a few doses of the *Thuja* prescribed.

3. Mrs. Z., the wife of a merchant near Neumünster, has suffered from sore eyes for about ten weeks. The allopathic treatment with *Atropin* and eye-lotions has been altogether ineffectual. The patient is in despair. There is so great a sensitiveness to light and so severe a spasm of the lids that it is absolutely impossible to examine the eyes. Even the least ray of light is unbearable to the patient. Out of the closed eyes there issue at times sharp tears. Now and then certain muscles of the face twitch. There are fiery zigzags before the eyes. Since her eyes are sore the patient is also afflicted with noises in the ears, which she describes "like the chirping of grasshoppers." The patient cannot remain quiet in one position even for a moment while consulting me, but has continually to move her body hither and thither, which gives her some relief. She suffers from nervousness of a high degree, and in consequence of unfavorable family relations she has to bear much grief and sorrow, which she has to suppress. With especial regard to the mental state and the nervousness of the patient, I ordered *Ignatia* 4, which has, indeed, a great number of symptoms referring to the eyes, but nevertheless belongs to the eye remedies which are rarely used. *The success was surprising.* Eight days after beginning the cure the patient, as she communicated to me in writing, was already able to take part in the preparation for Christmas.

## A Mezereum Case.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig. Pop. Zeitschr. f. Hom.*, March 1898.

In the spring of 1894 a merchant called at my office ; he was of slight built and strikingly emaciated, and, as he stated, that he had for some time been suffering from cough, first thought he was consumptive, especially since he complained of pains for the last four days in the left side of his back, before the appearance of which he had had a shaking chill. After he had stripped for examination, I made him show more particularly the spot which pained. It was a strip, 5-6 inches broad (behind on the left side, below) above the 8-10th ribs. The pains had a lancinating character, were constant, but of varying intensity, and extended forward to the line of the axilla and behind to the spinal column. They were worse on deep inspiration and became unbearable during coughing. The affected part was also somewhat sensitive on pushing the skin over it. A careful examination of the respiratory organs and of the heart showed nothing morbid there. The cough was a consequence of a catarrh of the nose and fauces. The patient stated that he had never been asthmatic and only breathed short on account of the pains; in short, I found nothing to justify my first suspicion that the tips of lungs were affected with phthisis. The temperature was somewhat above the normal, about 100° F. I believe, though I did not put it down. I suspected therefore that pleurisy was developing, though my auscultatory examination did not present any concomitant symptoms of such a visitation. But as mistakes are sometimes made in such examinations, I supposed from the higher temperature that it was coming on, since a mere muscular rheumatism or an intercostal neuralgia would not have been attended by such increase of temperature. I supposed therefore that the effusion of serum into the pleural space would still set in, and as we have in Homœopathy the well defined and approved indication for *Bryonia* "when an exudation threatens or has already appeared," I prescribed this remedy in 3 D., taking 3-5 drops every half hour for two hours, then every hour, and later on every two hours. On the second day after this the patient appeared again — without improvement. I examined him again, but could not find anything. I questioned him again,

and finally found out that he had formerly suffered from neuralgia in the face, and had always been nervous. Also with respect to a certain disease, I only now found out the exact truth, as he observed with the words so frequent used by young men : " Yes, yes, a little touch of it ; but Dr. H., whom I consulted in time, had it away in two weeks; it did not, therefore, amount to much." Now I finally could make some diagnosis; it was intercostal neuralgia on a basis of *lues*, and since the lancinating pains were worse from the evening into the night I gave him *Mezereum* 3. Only twelve hours after taking the medicine the pains had disappeared. Still he came back next day and stated at the end of his report: " You will have to examine me again, something new has appeared." When I did examine him I had to laugh right out, for over the two intercostal spaces, which had been painful, I found a few dozen of reddish-white vesicles which itched. It had been, therefore, a herpes zoster, for which I had found the right remedy by following the guiding symptoms, even though my diagnosis had been quite at fault. Such a zoster or zona formerly was quite troublesome until the vesicles dry off. Sometimes the skin would be rubbed off as far as it extended, or the vesicles turned into an inflammatory crust, partly from the rubbing of the clothes against them and on account of the difficulty of applying the necessary bandages. But since we can fasten the bandages securely with the American Indian-rubber sticking plaster there is no more any difficulty. The morbid parts are first washed with a dilution of carbolic acid ( $\frac{1}{2}$  %), then dermatol is sprinkled upon it, or superheated cornstarch, which has been allowed to cool again until the skin can bear it, then a layer of prepared raw cotton, which is covered with the strips of the sticking plaster. This bandage remains on for 8-10 days, and when it is taken off it is usually found all healed. And so it was in this case.

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*Mezereum.* " Severe itching on the head as from lice, only transiently removed by scratching, and always recurring elsewhere in the evening. Itching on the head and on the whole body, as from vermin; after scratching it soon returns elsewhere. Dry scabs on the hairy scalp. The scales of dandruff are whiter, simpler and dryer than usual." *Chronic Diseases.*

**A STRIKING CURE WITH THUJA.**

By Dr. H. Goullon, in Weimar.

Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Zeitschr. fuer Hom.*

A lady of middle age had been suffering for a whole year from a troublesome *headache*. On awaking she would feel as if a light hoop enclosed her forehead, and this sensation would only pass away about noon. Her eyelids at the same time were heavy as lead. This latter symptom is especially characteristic of the *Thuja headache*. I therefore gave her a dose of *Thuja*, namely three drops of the 10 decimal potency on sugar of milk, to be taken at once before going to bed.

Many delusions occur in therapy in Allopathy, as in Homœopathy, but we are not of the opinion of Mephistopheles that we must let such cases go "as God pleases," *i. e.*, to let our hands hang down and say as, *e. g.*, our opponents do in whooping cough: "It must run its course!" No, "we search through the old and the new world," in order to be able to give real help. For the nihilistic standpoint is as destructive in the medical camp as in that of politics. The long duration of the headache in question might, indeed, cause a doubt as to the existence of a quickly healing specific, and yet there was such a one; sometime afterwards the son of the patient, whom I had never put my eyes on, came to me and was still quite enthusiastic as to the wonderful effect of this single dose of *Thuja*. For the last four months his mother had been delivered from the sufferings with which she had been daily afflicted. Since nothing had been done at the time of taking the medicine which could simultaneously have effected a cure, the mode of life remaining the same, and no external application having been made, it would be a proof of extreme prejudice to deny to *Thuja* the glory of having in a striking manner proved its healing qualities in this as in many other analogous cases before it. We might add yet the etologic remark, that the patient was a chronic sufferer from weakness of the eyes, had wept much in consequence of long continued emotional impressions. There was, therefore, a sort of neurasthenia and particularly an affection of the eyes. In connection with this, there appeared that headache, or speaking more exactly, the sensation of an iron ring of two

fingers' breadth lying above the eyes, and a certain lassitude of the lids. There were no additional indications for *Thuja*, either with regard to the secretion of urine, the cutaneous action, disturbed sleep, etc.\*

## INDICATIONS FOR THE USE OF RHUS.

By Dr. Goullon, of Weimar.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. fuer Hom.*

Miss I. had been nursing a patient for weeks and was attacked by a catarrh of the intestines and stomach; we shall not here decide whether this was caused by a cold or by a mistake in diet; at the same time her whole nervous system was severely affected.

Having been before inclined to constipation, now at every slight provocation she would have diarrhœa, *e. g.*, when she intended to take a little trip. She herself gives the following account of her state: "Severe distension of the abdomen (her dress had to be let out almost a hand breadth). Dyspnœa, *especially in the morning* and at the slightest exertion. In company she experienced fearful *anxiety* and restlessness, so that she could not retain her seat. Diarrhœa, or at least very soft stools; after the stools a *feeling of great weakness in the back* or in the small of the back, so that she had to walk stooping forward, and out of breath and had to rest for a long time. Also in walking in the open air, there was great *weakness of the back*, so that she could only walk slowly for half an hour, stooping forward. In the morning a slimy taste in the mouth. The appetite was otherwise good." *Calcarea carb.* given in the morning, at noon and at night produced improvement, but after one or two days there were frequent slight relapses. Finally only *Rhus tox.* 6 three times a day removed all the symptoms.

The patient decidedly gave the preference to *Rhus* as having been of the greater service; also the great nervousness, the soft stools in the morning and the weakness of the back are *Rhus* symptoms. More rarely is there found in it the attendant dysp-

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\**Thuja* has been proved effective even in the 30 decimal potency by Prof. G. Jaeger by neuroanalysis, and Dr. Grauvogl obtained with the same potency manifest physiological symptoms, as a softening of the nails and of the tendinous tissue.

noea; this is more frequently found as an anæmic or *Calcareæ* symptom. The same may be said of the slimy taste or the attendant symptoms of catarrh of the stomach, to which was added also a long-continued bitter taste.

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## A SPLENDID CASE OF IGNATIA.

By Dr. Goullon, in Weimar.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. fuer Hom.*

On the 4th of March Miss R. came to me, complaining of a disagreeable twitching in the head, which had now troubled her for four weeks and rendered her quite miserable. This might be a mere nervous accident, for the patient had lately gone through hardships and was before that in a shaky state of health. She had on that account been repeatedly compelled to visit the springs and had also lately passed through a tedious catarrh of the stomach. In short, she had quite lost her power of resistance and had become an invalid, when she was seized by this twitching of the head. This eruption might be viewed as a minimized St. Vitus' dance. On this account, even without the anamnestic symptoms of her ailment, I came to choose our specific remedy for chorea, *Ignatia*. I dropped a few drops of the 3 dilution on a powder of milk sugar. This the patient at home dissolved in 60 grammes of water and took a teaspoonful thrice a day.

The result was at once striking to the patient, so that of her own accord she wrote me the following lines: "I feel urged to tell you that the powder for the *twitching in the head* has afforded me a wonderful relief. It helped me at once, and day by day. I still perceive its lasting good effects. I am *very* thankful to you."

It should not be forgotten that the patient had been tormented by the twitching for four weeks. Would it not then be foolish to ascribe the rapid cure to nature? Together with Homœopathy as such, also posology (the doctrine of doses) celebrates a triumph on such occasions, which ought to move the adherents of the traditional allopathic doses to think. But—*velle non discitur!*

## THE PRINCIPALITY OF LIPPE AND HOMŒOPATHY.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. F. Hom.*, March, 1898.

There is no town or village in this principality where homœopathic treatment is not known and desired. Thousands of patients are, however, unable to find this at home, and have to seek relief in the neighboring kingdom of Prussia, in Paderborn or in Herford at the expenditure of time and money. This is to be deplored for several reasons. This state of things is sufficiently well-known to our diet. In the year 1894 it unanimously requested the government to bring in a law which in consonance with the medical laws of other German states and notably of Prussia, would permit homœopathic physicians to establish themselves also in Lippe. *This well-intentioned action of the diet called forth great and thankful joy in the whole country.* This urgently desired law was not, however, laid before the diet for consultation and sanction. Instead of it there appeared, on February 23, 1895, a decree of the Government not in consonance with the Prussian medical code, and which, therefore, has not brought and could not well bring to Lippe any homœopathic physicians. After the publication of the decree a well-known Prussian physician, Dr. J. in E., sent the query to the government of Lippe, whether he would be allowed to settle in Detwold in agreement with the medical laws in vogue in Germany and especially in Prussia. But this physician met with a peremptory refusal. That this prohibitive action, which without benefiting the allopaths brings additional expense to thousands of patients, cannot endure any length of time is self evident. *Why should Lippe be denied what is granted to all the other German States?*

There is a prevailing hope in the country that the new ministry of state, which is known throughout the land for its kindly intentions, will annul the decree of 1895 and will establish laws in consonance with those of Prussia and thus make it possible and easier for homœopathic physicians to settle in Lippe. May this hope be soon fulfilled, bringing with it healing and blessings to all the sick of Lippe. The ministry would thereby secure very hearty thanks from thousands of the citizens.



## CURES WITH HYPERICUM PERFORATUM.

Translated for the HOMŒOPATHIC RECORDER, from *Allgem. Hom. Zeitung*, February, 1898.

Although we are in possession of a proving of this remedy, nevertheless its physiological effect, and thence its therapeutic sphere of action, is not yet fully defined by this proving. The successes secured with this remedy in trismus traumaticus indicate a very important direction of action in this remedy, which puts it in the foreground in the cases of neuralgias in consequence of traumatic influences now so frequently occurring and so much talked of. This action is also indicated in two cases communicated in Vol. 59 of this journal, on page 95; as they seem to have been forgotten, we here reproduce them.

1. A lady, 45 years old, the mother of five children, of robust constitution, has been suffering for ten years from violent attacks of asthma spasmodicum with its ordinary sequence of symptoms. Several remedies had been used ineffectually, when in a searching investigation of the case it was found that the patient, when 15 years of age, had fallen down the cellar stairs, and that there had been a lesion of the spinal column in the region of the upper vertebræ. At that time she was sick for only a few days, and although that local ailment had hitherto caused her little trouble, and this vertebral region was not very sensitive to pressure, yet the circumstance was remarkable, that *she could not lie on her back for any length of time*. Dr. Ludlam prescribed *Hypericum perf.* 2 dil., 10 drops in half a tumblerful of water, 1 tablespoonful to be taken every two hours; later on at greater intervals. The attack soon disappeared, and now for several months the patient has had no further recurrence of this asthma.

2. A little girl of 6 years has been sickly for three years. Every four weeks she suffers from an attack of feverishness, beginning with chilliness, succeeded by heat of longer duration, with headache, especially in the evening; these attacks last for 4-8 days. At every movement of the neck and the arms she screams aloud; she is averse to making any such movement. She shows extreme vehemence when she is to be moved or carried to another place. The face is pale, with an anxious and suffering look; anorexia, thirst after warm beverages; tussiculation without expectoration; stool and urine nor-



mal. A careful examination showed extreme sensitiveness of the spinous processes of the lower cervical vertebræ and of the upper dorsal vertebræ. An anamnesis developed the fact that the child when three years old had fallen down stairs, though her consequent illness had been of short duration.

*Hypericum perf.* 2, in water, given every three hours during the attack, at once cut it short. For a year since the child has not had any such attack and is apparently quite well. As a precaution, the remedy was continued for some time after her recovery. The reporter of these cases adjoins the question: Has the sensitiveness of the vertebræ disappeared?

These two cases, cured with *Hypericum*, were quite different in their symptoms; only their proximate cause was the same: a concussion and contusion of the spinal column and the spinal marrow from a fall. In the first case there was a manifest neuralgic character shown by the ailment, in the second there was an inflammatory febrile irritation, resembling a subacute spondylitis.

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### CHIMAPHILA UMBELLATA.

The following by Walter H. Fearn, M. D., in the *California Medical Journal*, February, concerning this rather obscure remedy, may be of use to some of our readers. The dose ranges from five drops to a teaspoonful of the tincture.

“In atonic dyspepsia, gastric catarrh, intestinal catarrh, chronic diarrhoea and dysentery. This remedy does not disagree with the stomach, but by its gentle stimulant action tones up mucous membranes of stomach and intestinal tract. In diabetes in early stages it will effect a cure, and in old cases it is undoubtedly palliative. In many skin diseases such as acne, herpes and eczema, by its wonderful alterative properties, it has proven very efficacious. In enlarged lymphatics (scrofula) it is an active remedy and a good adjuvant to phytolacca. On account of its eliminative properties (being both diaphoretic and diuretic) we have few better anti-rheumatics, and is especially good in articular rheumatism.”

“In passive renal, uterine or intestinal hemorrhages, this remedy, by its tonic and astringent properties will act very kindly, hence its good effect in chyliferous urine. In stranguary (vesical tenesmus) with smarting, burning pains or urination,

turbid urine, and frequent micturition, it is very quick to act. Being a non irritating diuretic it is one of our best remedies in acute nephritis. Its action here is similar to buchu and uva ursi, but more preferable to either on account of it relieving irritation of the entire urinary tract, and at the same time improving circulation and nutrition of these organs. By this specific influence on the urinary apparatus (increasing renal secretion), it lessens the quantity of lithic acid secreted, and hence is beneficial in calculus and prostatic difficulties."

"In chronic renal irritation and inflammation, and in the advanced stage of albuminuria, it is one of the best remedies we possess to check the waste of albumin; part of its utility is ascribed to its astringent and alterative action, and part to its diuretic and tonic properties. In acute and chronic cystitis when there is urgent desire to micturate and urine is loaded with mucus and pus and the characteristic aromatic odor is absent, it is then the remedy for first place. In leucorrhœa, gleet, specific urethritis male or female; this remedy will give satisfaction for internal medication. In acute gonorrhœa of the male, it quickly takes the teeth out of the urine, so to speak, and in most cases will prevent troublesome chordee, the urethra tolerating local treatment better."

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Editor HOMŒOPATHIC RECORDER, Omaha, March, 1898.

*Gentlemen:* The American Institute of Homœopâthy will hold its next annual session at Omaha, Neb., June 24th to 30th, 1898, and Omaha joins with the Institute in assuring a hearty welcome to all present and prospective members.

The great Trans-Mississippi and International Exposition opens its gates June 1st., special rates will be offered on railroads from all points to Omana during the Exposition, and we anticipate an unusually large attendance.

Physicians, not now members, will do well to at once send in their applications and make early preparations to be with us, and whilst enjoying well earned vacation join the National Society, which has done so much for Homœopathy, at a time than which none could be richer in promise. Local committees will be pleased to furnish any desired information.

Fraternally,

P. C. MORIARITY,

Chairman Local Committee

Invitations and New Members.

## **THE MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY AT OMAHA NEXT JUNE.**

Editor of HOMŒOPATHIC RECORDER.

The annual meeting of the American Institute of Homœopathy, to be held at Omaha, Neb., beginning on June 24th, 1898, bids fair to eclipse all previous gatherings of this vigorous association. The interest in the Institute has been stimulated and strengthened, and it is evident that an united effort will be made to advance the influence and power of the Institute in every possible way. There should be but one desire, one aim, and ambition in common to all the members of the Institute, and that should be to aid by every endeavor to try and make this meeting of 1898 exceed all our former records. The various chairmen of the sections have prepared excellent programs, and they have made it a special point to consider, not quantity, but quality in the papers presented. Each paper will be definitely arranged for in the sectional programs, and will be well and ably discussed. Some of the sections have in preparation programs which will be entirely novel to most of the members of the Institute. Whatever changes are made will be made to increase the interest in sectional work. The local committee at Omaha have been most thoroughly occupied since last fall, and have done an immense amount of work. They are prepared to afford us a number of welcome surprises while we are their guests ; in fact, there seems to be no limit to their hospitality. There will be ample accommodations at Omaha, so far as the hotels are concerned, for all who attend the Omaha meeting, and the rates will be extremely reasonable. It will not be forgotten that the great International Exposition will be held at Omaha during the time of the Institute meeting. This in itself, as it will be the greatest exposition held in this country since the Chicago World's Fair, will be a great attraction. Various excursions have been arranged for, one to Yellowstone Park and return, another to Denver, to the Garden of the Gods, Colorado Springs, Salt Lake City, Glenwood Springs and return to Omaha. Others will be announced. The reports from various sections of the country indicate that the attendance at the the Institute will be very large, and it is expected, not only that every member should come himself to this meeting, but that he

should try to bring with him at least one new member ; this is certainly not a laborious task and could easily be done if earnestly undertaken. Let us all pull together at Omaha, and make that session not only the most pleasant in its relationships, not only the greatest in its record of attendance, but the most perfect in harmony, the most marked in progress and in contributions to medical science. Railroad rates and different routes for reaching Omaha, and statement of hotel accommodation will be found in the annual circular. I am

Yours very truly,

E. H. PORTER, General Secretary.

*New York, April 1, 1898.*

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### PRACTICAL POINTS ON PASSIFLORA INCARNATA.

About twenty years ago I was called to see an old negro woman and found that one of her troubles was pleurisy. It is so common to see negroes with some kind of weeds bound over the painful place that I paid little attention to a wad of scalded leaves bound to her forehead until their peculiar odor caused me to ask what they were. Her reply was, " May pop leaves and roots " It was a new idea to me, as cabbage leaves are most commonly used. She explained to me that a tea made of it and drank " relieved pain like laudanum." On this idea I commenced using a strong tea of the weed (technically *passiflora incarnata*) for a goodly number of ordinary aches and pains. Among the first was a case of a woman who was troubled with after-pains of childbirth ; they would hang on for three or four days, and were so severe that she would have to take opium in some form to be able to suckle her baby. In this case I used the fresh plant and its roots in a strong decoction, giving about a half ounce every hour, and the effect was all that could be wished. I also used it in connection with viburnum prun. in other cases afterward. In one case of nervous headache, from lack of sleep, it had the double effect of relieving the pain and producing pleasant, refreshing sleep.—DR. B. H. BRODNAX, in *Medical Summary*.

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DR. C. C. FITE, Secretary of the Section on Materia Medica, Pharmacy and Therapeutics of the American Medical Association, solves the proprietary medicine question in the *Philadelphia Medical Journal* by asserting that, first, " ninety per cent. of the

best men in the profession" ("regular," of course) daily prescribe these medicines, and, second, "it would be impossible for a man, however talented to succeed as a practitioner in these modern times" who did not do so. Verily, it seems that Homœopathy, pure and simple, with every decade, stands out stronger and bolder as the one and only *regular* system of medicine.

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### OUR AUTHORITIES.

(The following ripper is from the March number of the *Charlotte Medical Journal*. It looks as though Young America was kicking over the traces.)

"Who are they, and what have they done to make them great? It is best that we make no attempt to name them lest we offend many thousands who make the claim for themselves, without warrant or assistance. My gentle reader, you must know them without any introduction from me for they fill the earth with their greatness. Woe unto the poor ignorant doctor who has not heard of them. They know all things, and their word is law. They are great surgeons, specialists, and mighty men of valor, who have risen from the ranks of the common herd. Let the general practitioner and all listen to their wisdom, and humbly submit to their decision, from which there is no appeal. What have they done? Done! Why everything. Have they not contended that the human blood vessels contained only air, or air and water? That water would kill a fever patient, and that teaspoonful doses of calomel, frequently repeated, would cure fever and all other diseases? That pus was necessary for the proper healing of wounds and devoutly to be wished for in surgery? That bleeding would certainly revive the exhausted, and leeches were the *sine qua non*? That vaccination would not prevent small pox and was criminal, at the same time liable to make brutes of people? What have they done? I repeat: Have they not compelled us to give our poor gullible patients portions of snakes, scorpions, beetle horns, sebaceous matter from the castor, and testicles from the lamb? Have they not endorsed Koch's tuberculin, and Hammond's elixir of life? Then that delicate food for tuberculosis suggested by great intelligence, a relic of civilization — the blood of the ox and dog. I will no longer stimulate your memory of the bitter past by such questions, for your patients are exhausted and so are mine;

but will give you a few more choice bits from the authorities, and leave your conscience to recuperate and your mind to ruminate over these things. They suggest that extract of the brain will cure insanity and all nervous diseases. Extract of testicle and ovary will cure sterility and impotency respectively. So on and on till there is nothing to be desired, for no one need die, or even grow old. Recently there has been a great revolution amongst the authorities. They have changed their minds from fad to fad so often that it now becomes easy for them. Their latest fad, however, was such a tremendous leap in advance that they feel especially proud of the feat — a not unusual thing. Don't you know? Germs! germs! germs! Everything is due to germs. They are literally eating up the earth. Germs are the cause of all our troubles, from pregnancy to tape worm; from a sore finger to the tooth ache. Statistics will prove this beyond a doubt. Now comes the funny part (if it was not so serious) of it all: — The authorities now propose to cure all diseases according to their latest fad, of course they can only be cured that way. As usual they (the authorities) are divided on how to accomplish this; but all agree that killing the germs cures the disease. *Statistics prove this.* Some contend that the best way to kill the germs is by feeding them on themselves. Like kills (or cures) like, you know. If the authorities were compelled to take their own medicine they would all die. What a pity! The other side contends with equal zeal and wisdom for a more humane method. They think it cruel to make the poor germs cannibals, when they (the germs) are so particular about their food, you know. So they tinker with some old horse or ass, call them names, then bleed these animals. Poor things, they think it fairly good treatment, they haven't evolved past the bleeding fad, you know. This blood serum, or what not, when medicated a little, according to the homœopathic doctrine, will cure all ills to which human flesh is heir. All that is necessary is to change the name to suit the disease and bravo! you have it. *Statistics prove all these things.*

#### MORAL.

Let each doctor treat the patient and not the disease. Let us beware of fads and frauds. Let us think for ourselves and *above all things cultivate the faculty of close observation.* This has been sadly neglected. Let us follow blindly no man, but think and practice conservatively. Time will prove all things and tell posterity who our authorities have been.

**CAPSELLA OR THLASPI BURSA PASTORIS.**

Our use of it is based mainly on its diuretic action, and in this field we are willing to vouch for its worth. It relieves both renal and vesical irritation, and at the same time it promotes the functional activity of the kidneys to a very great degree. The increased flow of bland urine frequently relieves the incontinence of the aged, and especially of old women, when the inability to retain the urine is due to irritation of the bladder or kidneys a chronic cystitis or nephritis. We desire to put special stress upon the *Capsella* case: there is *frequent desire* and the urine is *heavy*, with a heavy, brick-dust, phosphatic sediment. A year or two ago our attention was specially directed to this by an article in the HOMŒOPATHIC RECORDER, by Dr. Phillips, of Hartwell, O. Since that time we have used the drug freely and frequently when the above described symptoms prevail. We remember one case of ascites in which the most astonishing results followed.

*Capsella* should be recommended in cases of hematuria. However, we do not think it the equal of *Triticum repens* in this trouble. It has been highly commended in both chronic diarrhoea and dysentery, as well as in some cases of dyspepsia.

It has given excellent results in a few cases of œdema of the glottis. We believe the effect is produced by its action on the kidneys its anti-dropsical effect.

The dose is from one to fifteen drops in water, every two to four hours. Doctor, try it in the next case of urinary trouble in which the above indications prevail, and we believe that you will be pleased.—*W. E. B., Eclectic Medical Journal.*

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**HEROIC DOSING WITH ACONITE.**

In 1874 I was called to see a young lady who had inflammatory rheumatism. She had high fever along with other remedies. I ordered three drops of tincture of *Aconite* every two hours. But her friends thought that was rather slow treatment and they increased it up to ten drops. After giving her two or three doses they became alarmed at its effects and very properly and promptly sent for me. They were very much alarmed, and said she would be dead by the time I would get to the house. I



must confess that I was badly demoralized when I saw her condition. Her pulse was about 25, and very irregular. She had a cyanotic hue of a very marked character. Her respirations were only five or six to the minute, and she was laboring very hard to get her breath. And oh, what a sweat! The perspiration was running off her like rain drops. I gave her large quantities of brandy and other stimulants and brought her out all right. The rheumatism was nowhere to be found. It had left her "quicker than a cat." Thereafter I labeled *Aconite* a "quick cure for rheumatism." But I must confess that I have never cared to repeat the experiment. It was shockingly successful and "did the business" with a vengeance.—S. C. Dumm, M. D., *Medical World*, April, 1898.

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## BOOK NOTICES.

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**Repertory of the Homœopathic Materia Medica.** By J. T. Kent, M. D. Lancaster Examiner Printing House. 1898.

The first part of this great and complete Repertory is now ready for delivery, and the second and third parts will be ready before this number of the RECORDER is in the hands of the reader. The entire work will be finished by June, 1899. The *limit* of cost to subscribers will be \$30.00 for the complete work in parts, stitched in paper covers; it may be less, but is guaranteed not to be more. The rate of charge is on, or near, the basis of \$1.00 for forty pages. The first part "Mind and Sensorium," 112, pages sells for \$2.75. "Head, External and Internal," \$3.00. "Eye and Ear," \$2.00. "Nose and Face," "Mouth and Throat," "Stomach," "Abdomen," etc., will rapidly follow. The untrimmed parts measure 10 $\frac{3}{8}$ x7 $\frac{3}{8}$ . The text is set in brevier type with strong black letter headings. The running heading covers the part, *i. e.*, "Mind" up to page 98 and then "Vertigo" from 99 to 112. The design is that the work shall be a complete general repertory of the Homœopathic Materia Medica, and from the notice above of the parts to follow the reader can see that it will follow the plan of the Hahnemannian Materia Medica. The printing and paper are first-class and the work will be one of great value to the medical profession. Subscriptions for it may be sent to any of the Boericke & Tafel pharmacies, or orders for the parts as issued.



**The Surgical Complications and Sequels of Typhoid Fever.** By W. W. Keen, M. D., LL. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College. 386 pages, 8vo. Cloth, \$3.00. Philadelphia: W. B. Saunders. 1898.

This work by the well-known surgeon, Keen, is based (as we learn from the unusually long and complicated title page) upon seventeen hundred cases, compiled by the author and by Dr. T. S. Westcott, of the University of Pennsylvania. It also has "a chapter on the ocular complications of typhoid fever," by Dr. G. E. de Schweinitz, of the Jefferson, and has for an appendix "the Toner Lecture No. 5," by Dr. Keen, before Smithsonian Institute "on the surgical complications and sequels of the continued fevers." Many interesting sequels of typhoid are given.

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**Atlas of Methods of Clinical Medicine,** with an Epitome of Clinical Diagnosis and of Pathology and Treatment of INTERNAL DISEASES, By Dr. Christfried Jakob, formerly First Assistant in the Medical Clinic at Erlanger. Authorized Translation from the German. Edited by Augustus A. Eshner, M. D. 259 pages. Cloth, \$3.00. Philadelphia: W. B. Saunders. 1898.

The chief value of this book lies in its plates, of which there are sixty-eight, containing one hundred and eighty-two colored illustrations, and in addition sixty-four illustrations in the text. The editor writes: "Extensive modifications in the text have not been found necessary, and the translation has been free rather than literal, the endeavor having been to convey the spirit rather than the language of the original." The plates are very fine and will be of great value as an aid in diagnosis. The size of the book is a small octavo.

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**Flint's Encyclopædia of Medicine and Surgery.** Second (1898) edition, 1,555 pages, revised with the assistance of fifty-six contributors and thoroughly in line with recent advances in medical science. Cloth, \$5; Leather or Half Morocco, \$6. 1898. J. B. Flint & Co., 104 Fulton St., New York.

A very useful book of reference. You want to know, say, about Alopecia; turn to that heading and you have a full description of the six recognized varieties of that disease, or condi-

tion. with the accepted treatments ; and so the book runs for its 1,555 pages until every medical and surgical disease is covered. The medical treatment recommended throughout is almost exclusively homœopathic.

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**A Compendium of Insanity.** By John B. Chapin, M. D., L.L. D., Physician-in-Chief of Pennsylvania Hospital, for the Insane. Illustrated. 253 pages. Cloth, \$1.25. Philadelphia: W. B. Saunders. 1898.

The publisher writes : " I believe the book will supply a real need, insomuch as heretofore the physician and student have had no brief manual on this important subject, and have been compelled to search through the larger treatises for just such practical information as this book contains. But the book is intended not alone for the physician. Written in clear, untechnical language, it will prove a most useful manual for members of the legal profession. By the laymen, too, it will be read with much interest, and will furnish information of the utmost value, enabling him to recognize insane tendencies and to provide intelligently for any case of insanity in the family that he may be called upon to care for temporarily."

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**Hartley-Auvard System of Obstetrics.** Third (1898) edition, 436 pages, 543 illustrations. Revised by Dr. John D. Hartley. Cloth, \$4 00; Leather or Half Morocco, \$5.00. J. B. Flint & Co., New York.

This work, now in its third edition, is based on the well-known French work by Dr. A. Auvard, Accoucher to the Hospital of Paris, and the French are the leaders in this art. *Verbum sap.*

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**Climatography of the Salt River Valley Region of Arizona, The Land of Health and Sunshine.** By Wm. Lawrence Woodruff, M. D. 72 pages. Paper, 35 cents. R. R. Donnelley & Sons, Chicago

The author of this little pamphlet, Dr. W. L. Woodruff, is a well-known homœopathic physician. The pamphlet contains valuable data of " the land of sunshine " for health seekers.

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MESSRS. Lea Brothers & Co, the well known Philadelphia Publishers of standard medical books, announce the following works for early publication :

*A Manual of Otology*, by Bacon, of the University Medical College of New York.

*The Treatment of Surgical Patients Before and After Operation*, by Brinckner, of the Mt. Sinai Hospital, New York.

*A Text Book of Dental Pathology, Therapeutics and Pharmacology*, by Burchard, of the Philadelphia Dental College.

*The Principles of Treatment*, by Bruce, of Charing Cross Hospital, London.

*Diseases of the Nose, Throat, Naso-pharynx, and Trachea*, by Coakley, University Medical College, New York.

*Diseases of Women* by Davenport, of Harvard.

*A Treatise on Gynecology*, by Dudley, of the Chicago Medical College.

*A Text-Book of Anatomy*, by American Authors. Edited by Frederic Henry Gerrish, M. D., Professor of Anatomy in the Medical School of Maine. In one handsome imperial octavo volume, copiously illustrated in colors.

*Manual of Skin Diseases*, by Hardaway, of the Missouri Medical College.

*The Principles and Practice of Obstetrics*, by American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume, with many illustrations in black and in colors.

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THE notices of Dr. Walter Williamson's *Diseases of Females and Children and Their Homœopathic Treatment*, that was reprinted last year, evidence that the book puzzles the corps of reviewers not a little. Some wonder why it was printed and others think it is a book "designed for the laity," while none of them seem to know that it is the original homœopathic work on the subject and that it was written for physicians. Dr. Williamson, as readers of Bradford's forth-coming "History of Hahnemann College, of Philadelphia" will learn, was one of the pillars of that college in its early days, and the third edition of his book was brought out in 1860 and reprinted (from the plates) in 1871, and, after many years of "out of print," the publishers again reprinted it in 1897. It is an old book, but if its Homœopathy were followed to day it would not mark a retrograde step in the treatment of women and children.

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DR. FISHER'S "Homœopathic Journal of Surgery and Gynecology" Vol. 1, No. 1, comes duly to hand. It is a handsome volume of 110 goodly pages, well printed and containing a great many plates that would do credit to a text book. It is a big undertaking and deserves, and will need, the hearty support of physicians. The subscription price is \$5.00 a year. Address, Medical Century Co., Chicago. (This notice was unfortunately mislaid and our apology is due to the new journal for not sooner welcoming it.)

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AFTER an interval of three years Dr. I. D. Foulon again becomes editor of the *Clinical Reporter*, so hereafter that journal will be among the first from which the wrapper is torn. Dr. Foulon can write.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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THE *Medical Visitor* is doing its best to prove that the Boston Pharmacopœia is right and homœopathic pharmacy preceding its advent wrong. It brings into the argument two columns headed "the deadly parallel," in which it seems to find death in, or to, the time honored pharmacy of the past, and life in, or for, the book of the Hub. After the "deadly parallel" it says: "Thus it will be seen that belladonna representing Class 1 of the old pharmacopœia furnishes a 1x dilution that is 5.75 times weaker than its drug power claims for it, and consequently 5.75 times weaker than the  $\theta=1x$  (mother tincture) of the new pharmacopœia, with which some unthinking or unscrupulous individuals have compared it." So in all these years *Belladonna* has been a deceiver and a fraud, "5.75 weaker than its drug power claims for it!" But, really, what does "its drug power claim for it?" Going directly to the original, we read on page 198 of the *Materia Medica Pura* that by *Belladonna* is to be understood "the freshly expressed juice of the whole plant at the commencement of its flowering, mixed with equal parts of alcohol." Only this and nothing more. Very "unscientific," isn't it? Not a word about "moist magma" and "Gm" and "drug power," and all that sort of thing. Only two lines that convey the meaning so plainly that even the fool ought not to err therein.

The fresh juice of the flowering *Belladonna* plant mixed with equal parts of alcohol is the time-honored tincture of *Belladonna*, and how its 1x dilution can be "5.75 times weaker than its drug power claims for it," in view of the simple fact that it claims nothing and says nothing about "drug power," is one of those things that no fellow can find out.

**SOUND DOCTRINE, EVERY WORD OF IT !**

“Homœopathy is not a dead issue, nor yet an expired trademark, and its adherents are not all either knaves, trading on a name, or fools, following an antiquated delusion. Let our hospitals and dispensaries be utilized, not to test every new, untried allopathic preparation, but to prove that there is in Homœopathy a distinct advance in the science of therapeutics over the empirical practice of the old school. Were half the time now spent in discovering minute points of differential diagnosis to be verified by a post mortem, or in seeking to keep track of the ever-varying suggestions of a lawless empiricism, spent in studying up the cases to find the curative remedy homœopathically indicated, suffering humanity would be better served, and Homœopathy more highly honored.”—*Hahnemannian Monthly*.

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AN examination for two resident physicians for the Children's Homœopathic Hospital, of Philadelphia, 926 North Broad street, will be held at the institution during the first week in May.

Applications should be sent to the hospital in care of the Medical and Surgical Staff.

A large experience is afforded a physician who desires to post himself in general work.

Besides the medical and surgical practice of the hospital wards, there is a dispensary of 40,000 applicants annually, where clinics for adults and children are held daily.

Surgery and outside practice in medicine and obstetrics is also available to the residents.

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“ONE of the most practicable books given to the profession during the past year was the work upon “Veterinary Medicine” by the accomplished physician, John Hurndall, member of the Royal College of Veterinary Surgeons, England. By means of this work the profession may be brought into touch with the diseased conditions of the horse, and thereby enabled to intelligently supercede the work of the illiterate horse doctor and at the same time win converts to the cause of Homœopathy. The book is carefully written, and while the remedies are seemingly selected from a pathological standpoint, at the same time sufficient indications are given for the purpose required.”—*Hahnemannian Advocate*.

## PERSONAL.

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Dr. C. H. Helfrich has removed from 158 West 47th street to 64 West 49th street, New York City.

Dr. S. H. Blodgett has removed to South Lincoln, Mass.

*Died.* Dr. Timothy Baker, Union City, Mich., in his 82d year.

It is no use crying over spilt milk, but it is sometimes a relief to swear over it.

Eminent medical authority says that the job of night-watchman is the best cure for insomnia.

**FOR SALE.** A very desirable residence in immediate vicinity of New York, with stable, garden, etc., centrally located, on principal thoroughfare, near depot, churches, schools, etc. Has been occupied for twenty years by a practicing physician. Will use influence for a competent successor, but charge for property only. For particulars, address, George Thorn, 27 Pine street. Room 114. New York City.

The Annual Reunion of the Alumni Association of Hahnemann Medical College, Philadelphia, will be held Thursday, May 12th.

A Kansas journal writes of "a python that stalked rampant among the people"

The 1st of April is chiefly observed by those to whom the day is dedicated.

**WANTED TO BORROW.** I wish to make pictures of the following subjects for the forthcoming history of Hahnemann College. Any one who can loan me either a picture or class pin can be assured they will be carefully cared for and promptly returned. Pictures of C. B. Matthews, F. Sims, Sam. Freedley, W. A. Gardiner, Jacob Jeanes. I wish to make a page of fac similes of class pins. Any one having one will please communicate with me. For the good of Old Hahnemann. T. L. Bradford, M. D., 1862 Frankford Avenue, Philadelphia.

Of the last edition of Wood's *Gynecology*, Dr. James G. Gilchrist writes: "It is far and away superior to anything we have yet had and not inferior to the *best* old school publications."

Of same book Dr. Sheldon Leavitt writes: "It is undeniably the best work on the subject put forth by our school."

Boericke & Tafel will soon issue a third edition of Burnett's striking work on the skin.

Allonez water is undoubtedly the best known for sufferers from diabetes.

"He threw a firebrand into their camp, which caused chills to creep up and down their spines." Daily paper.

Dr. Bushrod W. James, 18th and Mount Vernon streets, is the American member of the International Commission to restore Hahnemann's tomb. Send your contribution to him.

Write to Dr. J. Wylie Anderson, Denver, Colo., for particulars of the great outing through the Rocky Mountains to follow the meeting of the American Institute of Homœopathy at Omaha.

Dr. B. W. Severance has removed from Mineville to Gouverneur, N. Y. Eye and ear specialist.

As a rule marriage is not so much of a failure as are the contracting parties who fail in it.

THE RECORDER—\$1.00.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIII.

LANCASTER, PA., MAY, 1898.

No. 5.

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## A FRAGMENT in re FORMICA RUFA.

One of the pleasures of married life is that it develops and furnishes a garret — that mutifarious omnium gatherum — to ransack, which on a rainy day affords a series of never-ending surprises. Happy the boy and girl who have such a resort! It has its surprises, too, for the older boy. For instance, my own co-partner in the "Infantry" line was beguiled into visiting our garret this very day. Speedily, she descends upon me with her spoils; an armful of "truck," which she wishes to know "what on earth it is good for." There is something in the dulcet tone of her enquiry which my prophetic soul tells me "means business;" so I dropped Stephen Paget's "*Ambroise Pare and His Times*" to sort the "stuff." (I may say, in the strictest confidence, I never retreat from a family "engagement" — until I have to — but I am the daisiest of diplomats in keeping out of them. *Verbum sap.*)

Very soon six pages of yellow manuscript engage my attention. It is my own "cacography," as my old writing teacher delighted to call it. It is some thirteen or fourteen years old. I have thought it worth while the transcribing for the RECORDER. Take it for what it is worth, and at your own estimation. It was induced by the reading of an old book; there were no "patients" that afternoon, and I at least "stood off" the devil during the writing of it.

Some two hundred and fifty years ago John French, Doctor of Physick in the realm of Great Britain, committed to the press of Richard Cotes the painfully written (and in that day "painfully written" meant pains-takingly written) manuscript of a learned book bearing the following exuberant title: "The Art of *Distillation*, or a Treatise of the *choicest Spagyrical Prepa-*



*rations* performed by way of Distillation, being partly taken out of the most *select Chymicall Authors of severall languages*, and partly out of the Author's manuell Experience; Together with The Description of the *chiefest Furnaces and Vessels* used by the Ancient, and *Moderne Chymists*: Also A Discourse of divers *Spagyricall Experiments and Curiosities*, and of the *Anatomy of Gold and Silver*, with the chiefest *Preparations and Curiosities* thereof, and *Vertues* of them all."

These words which I have put into italic dress Richard Cotes, duly instructed by Dr. John French, printed in red ink, which shineth to-day on the time-stained paper and maketh a piebald page, as a glance thereon will testify to the most incredulous reader hereof.

But our present concern is with p. 199 of Book 4, whereon is to be found the following :

**"Kunrath's Famous Water, Called Aqua Magnanimitatis."**

"Take of Pismires, or Ants (the biggest, that have the sowrish smell, are the best), two handfuls, spirit of Wine a Gallon, digest them in a Glass vessel close shut, the space of a month, in which time they will be dissolved into a Liquor, then distill them *in Balneo*, till all be dry. Then put the same quantity of Ants as before, digest, and distill them in the same Liquor as before: doe this three times, then aromatize the Spirit with some Cinnamon.

"Note that upon the Spirit will float an Oil, which must be separated. This spirit is of so excellent use to stir up the Animall Spirit in so much that John Casmire, Palse-grave of the Rhene and Seyfrie of Collen Generall against the Turks did always drinke of it when they went to fight, to increase Magnanimity and Courage, which it did even to admiration.

"This spirit doth also wonderfully irritate them that are slothful to Venery.

"It also provoketh urine even to admiration. It doth also wonderfully irritate the Spirits that are dulled, and deaded with any cold distemper.

This Oil doth have the same effects, and indeed more powerfully. This Oil doth, besides what is spoken of the Spirit, help deafness exceedingly, two or three drops being dropped into the Ear, after it is well syringed, once in a day, for a week together.



“It also helpeth the Eyes that have film growing on them, being now and then dropped into them.”

Now turn, please, to Allen's *Encyclopædia*, *Sub voce* “*Formica Rufa*,” and read the provers' evidence:

“Mind unusually excited,” is one report. “An exhilarated condition, like that produced by drinking champagne.” Make a note of that, please. “All day very happy and inclined to be jolly.” “During the day remarkably happy and able to study; everything seems easy to be accomplished.”

Here are three different witnesses in the nineteenth century, and all in full accord with John Casimir, Palgrave of the Rhine, and Seyfrie, of Cologne, as to the statement that the “spirit” of the species *Formica Rufa* can be used “to stir up the animal Spirit.”

Hering, whom nothing escaped, gives us, “Exhilarated condition after pain in vertex had abated.” Hering also gives, as a symptom derived *ab usu in morbis*, “Indisposed, forgetful, morose, fearful and apprehensive.” Ah! that is not in the proving, says some ardent “purifier” of our *Materia Medica*. True, my carper, but it is most assuredly the *physiological oscillation to the other end of the arc*, without which the arc were incomplete; and it is an instance wherein Hering's knowledge arraigns your ignorance. Hering, in his quiet way, was up to such tricks. We have more than one exhibition of his insight. For instance, he gives us as a clinical symptom derived from cures, “Want of memory; forgetful in the evening.” Now does not one prover in the *Encyclopædia* record this: “*During the day* remarkably happy and able to study?” Couple that statement of time with Hering's finding a patient, having other symptoms of *Rufa*, “forgetful *in the evening*.” How true it is that we can see only that which we have learned to see. Yours is a pitiful hemiopia; you can't see the whole of anything; you discern only the left half of the face, while the distinguishing mole is on the right half. You declare that what you can't see, *therefore*, is not there!

Moreover, let such as are “slothful to Venery” turn to the *Encyclopædia* again, *Formica Rufa*, symptoms 163 and 166, and learn how homœopathically the “Spirit” of the busy ant promises to correct such shameful indolence. Now open Hering's “Guiding Symptoms,” Vol. V, p. 347. Clinical symptoms again: It, this same “Spirit” and potentized at that, has cured

"Seminal emissions." "Weakness of sexual organs." (Isn't it hard to kick against the pricks!)

"It provoketh urine even to admiration," says Dr. John French, and, lo! one of the modern provers records this: "Double the quantity of urine, even at night (third day); increased for two or three days" — surely, an increase "even to admiration;" and, dear reader, in those days to *admire* meant to wonder.

As for deafness, we have no direct hint in the *Encyclopædia*, but following other symptoms indicating *Rufa*, Hering has cured "Difficult hearing; deafness" with this remedy.

"It also helpeth the eyes that have the film growing over them," avereth Dr. John French; and, sure enough! one of our modern provers says: "Appearance when looking at objects as if seen through mist." Clinically, Hering records; "Dimness of sight." "Nebula; leucoma; pterygium."

Really, thou that wert John French, it seemeth unto me that thou didst testify to the truth in thine "Art of Distillation;" and at no distant day I will reprint thine "Anatomy of Gold" for modern eyes to read. "But, thou that wert John French, hast met thy revered Master in the Beyond? By the term "anatomy of gold" I know thou wert a Paracelsian: hast met him *There*?

How many moderns will know what the "anatomy of gold" means? Paracelsus "uses common words in new signification, without giving any indication of the change which he introduced. Thus *anatomy*, in the writings of Paracelsus, signifies not the dissection of dead animals to determine their structure, but it means the nature, force and magical designation of a thing!\* Then, reader, keep an eye open for Dr. French's "anatomy of gold" — it will make a neat little addendum to Dr. Burnett's instructive booklet on the metal that peoples Perdition by the lust for it.

\* \* \* \* \*

Thus far went the MS. from the garret, but while it was slumbering there a delightful English naturalist's book led me to try *Formic acid* as a remedy in a case of pulmonary tuberculosis — alas, in vain!

But here is the hint that led me try it: "Possibly we may yet use ants or some other clever insects to find out the origin of the

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\* Thomson's *History of Chemistry*, Vol. I, p. 151. Edinburgh. 1830.

fatal parasite which devours the consumptive. Some reason exists for imagining that this parasite has something to do with the flora, for phthisis ceases at a certain altitude, and it is very well known that the floras have a marked line of demarcation. Up to a certain height certain flowers will grow, but not beyond, just as if you had run a separating ditch round the mountain. With the flora the insects cease; whether the germ comes from the vegetation or from the insect that frequents the vegetation does not seem known. Still it would be worth while to make a careful examination of the plant and insect life just at the verge of the division. The bacillus may spring from a spore starting from a plant or starting from an insect. Most of England had an Alpine climate once, and some Alpine plants have been stranded on the tops of our highest hills and remain there to this day. In those icy times English lungs were probably free of disease. *Has formic acid ever been used for experiments on bacilli?* It is the ant acid; they are full of it, and it is extracted and used for some purposes abroad. Perhaps its strong odour is repellant to parasites."\*

Ah, it was but a forlorn hope; and that patient sufferer did not need the "spirit" of the ant to give her that cheerful courage with which she trod the path to dusty Death.

To be sure, I snatched at a surmise and fruitlessly; but see how suggestive Hering's observations are, as recorded in his "Guiding Symptoms:"

"Hoarseness with sore throat; tedious and long-lasting cough; cough aggravated at night; cough with an aching in the forehead and a constrictive pain in the chest; all night dry throat, woke her out of sleep; disagreeable sweat during the night, awoke with clammy skin; general lassitude and prostration; pleuritic pains; inner chest and lungs."

Is not this category, gathered at random, sadly significant of work done in the territories that the fell destroyer notably affects; does it not give a strange impressiveness to the fancy of the naturalist (who himself perished from a tubercular devastation) and to the suggestions regarding the sphere in which *Formica Rufa* is operative?

Reviewing at this late day the work of an idle hour in the long-ago, the reflection comes to me that the truths in our patho-

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\* Jefferies. "Field and Hedgerow," p. 207. Longman's Green and Co. 1890.

geneses are "surrounded with witnesses," amongst whom is he that was Dr. John French, now sleeping in some long-forgotten grave, but testifying from the pages that remain to also testify to the workmanship of him that was Richard Cotes. Peace be theirs and the blessing that attends all honest work !

S. A. J.

*Ann Arbor, April 19th.*

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### ANOTHER PIONEER.

EDITOR OF HOMŒOPATHIC RECORDER : Will you please insert this biography in your journal. It should have found a place in my History of Pioneers, but through an oversight was omitted. If you will publish it in the RECORDER it can be inserted in the book by the subscribers to it, and it is an act of simple justice that Dr. Koch's name should be writ among the pioneers.

Yours truly

T. L. BRADFORD, M. D.

\* \* \* \*

Koch, August W., born March 27, 1805, in Würtemberg, Germany. He attended a classical institution until his fourteenth year, when he entered a pharmacy. Here he remained four and a half years, and then was enabled to pass an examination and qualified as a druggist's assistant. He afterwards entered the University of Tübingen, in Würtemberg. Four years later he passed both the University examination for the degree of M. D. and that required by the State for his license to practice medicine. In 1831 he began his practice as an allopathic physician in the town of Ebingen. Later, his attention was directed to Homœopathy, and in 1834-'5, becoming convinced of its truth from his own personal investigations, he began its practice. In 1836, in pursuance of a call from some of the most influential laymen of Stuttgart, the capital city of Würtemberg, he moved thither, and was soon in enjoyment of a lucrative practice, besides being instrumental in firmly establishing Homœopathy in that city. During his eleven years residence there he received from the South German Homœopathic Medical Society their prize for the proving of *Calcarea carbonicum* and *Calc. caust.* He was the first to introduce Iodine to the profession in the treatment of croup, and published in 1846 a book on Homœopathy, besides being a faithful contributor to the medical journals of the new school. This book was published in Mannheim, and

a second edition was issued in 1852. He was made honorary member of the Homœopathic Institute of Paris shortly before leaving Europe. In 1847 he came to this country and settled in Philadelphia, where he continued to practice with success to within two years of his death, which occurred on May 4, 1886. He was a senior member of the American Institute of Homœopathy, a member of the Philadelphia County and of the Pennsylvania State Homœopathic Society.

At a meeting held in Philadelphia in 1883, the following communication was presented :

PHILADELPHIA, PA., Nov. 18, 1882.

J. F. COOPER, M. D.:

*Dear Doctor*—Please have my name taken off the list of members of the State Society. My increasing age prevents me from enjoying any of the advantages of membership, and I therefore wish to withdraw. I have wished to take this step for a couple of years past, but it has always escaped my memory until the year was too far advanced.

Yours Fraternally,

AUGUST W. KOCH, M. D.

The Society, by vote, unanimously declined to accept this resignation, and the Bureau of Organization, Registration and Statistics was instructed to prepare an amendment to the By-Laws which will allow the Society to retain its veteran members free from all pecuniary or other obligations.

Dr. Koch was intimately associated with Dr. Hering. Dr. Hering died in his eighty-first year, Dr. Koch in his eighty-second.—(*Trans. Penna. Hom. Med. Soc.*, 1886. *Bibliotheca Homœopathica. Kleinert. Baumgartner's Buchhandlung: Leipzig.* 1862. P. 80.)

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## UNSUCCESSFUL RESULTS OF HASTY PRESCRIPTIONS.

By A. W. K. Choudhury, Calcutta.

Our experience is not in favor of *hasty prescriptions*, of course with some exceptions. No one will observe this rule in a case of immediate and impending danger. A case of cholera, acute laryngitis, etc., requires immediate and hasty prescriptions, for which we should have an especial stock of knowledge for each especial disease and danger. A case of cobra bite does scarcely allow time to consult books, be the treatment any — pathy.

I give here two instances from my case-book. The first is one of *intermittent fever* and the second of *acute tonsillitis*.

CASE I. S, a female of five months, color fair, came under treatment August 18, 1897, when the child had been suffering for three days past. Fever first commenced after noon with stretching before chill; chill severe with goose skin; then heat, severe; then sweat, slight; next day (second day of fever) paroxysm afternoon; morning the third day of illness while yet heat continuing *convulsions* twice; visited after the fits, when the body was found rather cold after perspiration after fits; abdomen found distended and on percussion tympanitic; greenish yellow liquid stool the second day of illness, and one such stool the morning I visited the child.

Mother had increase of milk and four or five days previously had fever.

*Treatment:* *Cham.* 6, one dose given immediately. Mother's milk not allowed to the child.

No more fits; apyrexia the next morning, when passed a soft stool; found no distention and tympanitis of abdomen; child rather cheeriul. Given placebo.

Finding no further improvement, and as it is usual with me not to change the medicine already given without giving it a further trial with one or two more doses, I gave the child another dose of the same medicine on the 20th inst., but with no better success. Given no medicine till the 23d, when on the 24th inst., her fever was very like that of Dr. Higgins quoted by Dr. H. C. Allen treating of *Nux vom.* in his well known work, *Intermittent Fevers*, and which is as follows: Fever, *paroxysm from 7 to 9 A. M.*, chill commencing with *yawning*, goose-skin; *sleep with groaning*, with *dry cough*, *fits during fever*, *shaking*; coldness of hands and feet all along; *heat long-lasting with thirst*; *sweat* some days absent; bowels open; abdomen tympanitic.

The child was given *Nux vom.* 30. one dose on the 24th inst. and another such dose the 27th, and was under treatment till the 1st of September, 1897, getting placebo. Patient gradually improved under placebo and recovered.

*Chamomilla*, being a hasty prescription, could not meet success, and I had to change it to *Nux vom.* Here I give my hearty thanks to Drs. Higgins and H. C. Allen for this practical hint.

The *italicized* symptoms above caused me to change *Chamo-*

*milla* for *Nux vomica*. The child recovered with two doses of the latter medicine.

The next case was one of acute tonsillitis. A female of about sixteen years came under treatment the 21st of August, 1897, after she had been suffering for about a week. The following are the symptoms and history of the case: Only the left tonsil found red, swollen and painful on deglutition, aggravations of symptoms at night, cough; no fever; bowels open, weather had been rainy for some days.

The so-much-praised *Baryta carb.* was tried here, two doses given the first day of treatment and the following day two doses more. But here it failed to produce the desired effect. Now without any further waste of time I gave her *Belladonna*, another powerful remedy to quell such an inflammation. The redness was very like that of *Belladonna*. Five doses of *Belladonna* 6 cured her.

The site of the inflammation (left side) caused me to remember *Lachesis*, but as I could not make out any characteristic symptoms of the drug in the patient I withheld that remedy.

The above two cases will suffice to show how hasty prescriptions meet failure. My first, but hasty prescriptions, were not successful, though the second ones were. My patients recovered, yet I am not so happy as I would have been if I could have cured them with the first prescription.

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## SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

[N. B.—The symptoms in brackets were taken down in the class-room and are not found in Dr. Lippe's work.]

*Sulphur*. Aversion to washing. (Especially in children who become averse to it all at once.)

*Sulph*. Itch. Voluptuous itching and tingling, with burning after scratching, or with soreness after scratching. (Especially around joints.)

*Sulph*. Headache every seven days. (See *Sach. off.*, *Sil.*)

*Sulph*. Suitable for lean persons, especially if they walk stooped; it will often serve to rouse the slumbering vitality if the proper medicines have failed to produce a favorable effect, especially in acute diseases. (See *Opium* in paralyzed condition of nervous system when medicines fail to act.)



*Sulph. acid.* Bad effects from mechanical injuries, as from bruises, falling, knocking, pressure of blunt instruments, and contusions, especially in old women.

*Symphytum offic.* Mechanical injuries, bad effects from blows, bruises, thrusts in the eye, pain from fractured bones. (When whole eyeball is hurt — as from a snowball or from a blow.)

*Theridion cur.* Every sound or shrill noise penetrates through the whole body, especially into the teeth, causes vertigo, which produces nausea. (Verified—Br.)

*Thuja occid.* Fixed ideas; as if a strange person were at his side; as if the soul were separated from the body: as if the body, especially the limbs, were of glass and would break easily; as if a living animal were in the abdomen. (See *Sabadilla*). (Feels as though another person were in bed beside him and this person seems a part of himself.)

*Thuja.* Perspiration smelling of honey, sweetish on the uncovered parts of the head, face, and hands, with dryness of the covered parts, and of those on which one lies, mostly on first going to sleep; better after rising. (Sweet perspiration — *Thuja* is the only remedy.)

*Thuja.* The eye must be warmly covered; when uncovered it pains at once, and it feels as if cold air were streaming out of the head through the eye.

*Thuja.* Blowing from the nose of a large quantity of thick green mucus mixed with pus and blood; later of dry, brown scales with mucus, which comes from the frontal sinuses and firmly adheres to the swollen upper portion of the nostrils. Painful scabs in nostrils. (Blows scabs from the nose.)

*Thuja.* Heat and redness of the whole face, with fine nets of veins, as if marbled.

*Thuja.* Toothache from drinking tea. (A great antidote to tea poisoning.)

*Thuja.* Blue swelling under tongue—ranula.

*Thuja.* Bad effects from fat things, and onions. (See *Puls.*)

*Thuja.* The fluid which he drinks falls with a noise into the stomach. (Drink gurgles down into stomach — *Apis*, *Cuprum*. Drink falls with one plash — *Thuja*.)

*Thuja.* Movement in the abdomen, as of something alive, as if the abdominal muscles were pushed outward by the arm of a foetus, but painless.

*Thuja.* Flatulence as if an animal were crying in the abdomen.



*Thuja.* Diarrhœa; pale-yellow water is forcibly expelled with much noisy discharge of wind. (*Nat.*, *Sulp.*, *Aloes.*)

*Thuja.* In the morning, immediately after breakfast, or in the morning periodically returning diarrhœa, always at the same hour. (Immediately after breakfast, 2c. potency proving. Diarrhœa from coffee — *Oxalic acid.*)

*Thuja.* Stools oily or greasy. (Hard stools covered with mucus — *Caust.*)

*Thuja.* Frequent urging to urinate and profuse secretion of urine, especially towards and in the evening. (7. P. M. 5 to 10 A. M.)

*Thuja.* The urine foams; the foam remains long on the urine. (*Lach.*, *Lyc.*) Involuntary emission of urine; at night; when coughing; in drops after having urinated (See *Lach.*); (*Caust.*) The bladder and rectum feel paralyzed, having no power to expel. (See *Clematis erecta.*)

*Thuja.* (Swelling, induration and inflammation of prostate gland — *Puls.* and *Thuja* are the two important remedies.)

*Thuja.* (Left testicle drawn up. See also *Calc.*, *Crot. tig.*, *Zinc.* Right testicle drawn up — *Clematis*, *Puls.*)

*Thuja.* Fig warts. Sycotic excrescences on the frænulum and on the glans; they ooze especially during the new moon. Swelling of prepuce; inflammation of glans. (Fig warts on penis. In one case in which the glans and inside of prepuce was literally covered with small fig warts with long necks — *Thuja* cured. Br.)

*Thuja.* Gonorrhœa, watery, copious discharge from the urethra. Stitches in urethra with urging to urinate. Sensation as if a drop were running through the urethra. (Erections at night preventing sleep.)

*Thuja.* During the evening cough after lying down, the expectoration becomes loose; easier when he turns from the left to the right side. (In cough from lying down, with great expectoration — loose — *Nux. v.* is the most important, *Thuja*, next.)

*Thuja.* Blue color of the skin on the clavicle. (The only remedy.)

*Thuja.* Burning extending from the small of the back to between the shoulder blades. (Spinal disease.)

*Thuja.* Toe nails crippled, brittle. (In horses with crippled

and brittle feet, onions rubbed on the hoof, or *Thuja* or *All. cepa* given.)

*Thuja*. Diseases of tea-tasters.

*Thuja*. Heat in A. M. and chills in P. M. (The only remedy.)

*Thuja*. Perspiration on the parts of the body which are uncovered, with dry heat of the covered parts. (*Sil.* opposite.)

*Thuja*. Perspiration at times oily or fetid, or smelling sweet like honey. (See *Bry.*)

*Thuja*. (Seed warts on hands.)

*Thuja*. Pustules, small-pox. (See *Ant. t.* Boenninghausen gave one dose of *Thuja*.)

*Thuja*. Condylomata, large, seedy, frequently on a pedicle.

*Thuja*. Flat ulcers with bluish-white bottom. (Lard-like bottom — *Merc.*)

*Thuja*. (Dr. C. W. Roberts of Scranton, Pa., says that 5 to 7 drops of *Thuja* tincture will control seminal emissions. Quoted from *The Recorder*. Br.)

*Veratrum alb.* Coldness in and on the vertex, as if ice were lying on it, with icy-cold feet and nausea; worse when rising from the bed; better from external pressure, and when bending the head backwards. (Heat in vertex — *Sulp.*, *Calc.*, *Hyper. perf.*)

*Veratr. alb.* Vomiting whenever he moves or drinks. (As soon as drink is warm in stomach — *Phos.*)

*Veratr. alb.* After the least food vomiting and diarrhoea. Violent vomiting with continuous nausea; great prostration. Vomiting of food, of acid, bitter, foamy, white or yellow green mucus; of black bile and blood. Vomiting with diarrhoea and pressure in pit of stomach. (More pain in *Veratr.* than in *Ars.* in cholera morbus. Br.)

*Veratr. alb.* Constipation, as from inactivity of the rectum; stool hard, of too large a size. (See *Bry.* Riband-like, hard stool in *Veratr.* H. N. Guernsey.)

*Veratr. alb.* Watery, greenish diarrhoea, mixed with flakes. (Inoffensive diarrhoea.) Blackish diarrhoea. Insensible discharge of thin stool — while passing flatulence. Fainting during stool. During stool, paleness of the face, cold sweat on the forehead, burning at the anus.

*Veratr. alb.* Suppressed urinary secretion. (Characteristic of cholera.)

*Veratr. alb.* Sporadic and Asiatic cholera.

*Veratr. alb.* Color of skin blue, purple color and cold. The

elasticity of the skin is lost, the folds remain in the state into which the skin has been pressed. (In cholera.)

*Zincum met.* The hair falls off from the vertex, causing complete baldness with sensation of soreness of the scalp.

*Zinc. m.* Headache from drinking even small quantities of wine. (Intoxication from small quantity of wine — *Conium*.)

*Zinc. m.* Tearing and sore pain in facial bones. (In improper use of magnets. Dr. Lippe told of a case where a woman had such pain in face and it proved to be from false teeth having a zinc plate. Br.)

*Zinc. m.* Bluish herpes in the throat after suppressed gonorrhœa.

*Zinc. m.* Palpitation of the heart; irregular beats of the heart; occasionally one violent thrust of the heart.

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## THE CORALLIUM COUGH SYMPTOMS COMPARED.

By T. C. Duncan, M. D.

A study of Coral carries us into deep water. What is the curative agent? How does it cure a cough? The prevalence of whooping cough just now adds to the interest, even if it does not meet the present genius epidemicus as well as *Belladonna* or *Gelsemium*, *Aconite* or *Arnica*. We are told that the red coral of commerce (*Corallium rubrum*) is a Mediterranean species, and occurs principally at a depth of from five to six fathoms.

The sclero basis is unjointed, more or less branched and densely calcareous. It is of a red or pink color and finely grooved upon its surface. The calcareous axis is covered with bright red cœnosæcal crusts or cortex which is studded by the apertures for the polypes.

Dunghlison says of Coralline: "It contains gelatin, albumen, chloride of sodium, phosphate, carbonate and sulphate of lime (not carbonate of urine as the types had it in March number — although that may not be so very far wrong after all), carbonate of magnesium, silica, oxide of iron and a coloring principle. It was once used as a vermifuge, but is not now employed."

Among the Romans branches of coral were hung around children's necks to preserve them from danger, and the substances had many medicinal virtues attributed to it. In Italy to-day it is worn by women as a cure for sterility. It is the cough that

interests us, however. The coral gives us, according to Dr. Melichen's provings (Allen's Encyclopedia), some symptoms of value :

1. "On deep inspiration, it seems as though *icy cold air* were streaming through the air passages, with some provocation to cough, and much difficult hawking of bronchial mucus in the morning."

The mucus prevents the rapid transpiration that keeps this surface.

2. "*Very painful cough*; it seems as though a stone were lying on the diaphragm; it pressed downward and caused a violent pressive pain in the chest beneath the sternum, thence the pain extended to the scapula (spinal); it gradually subsided as the cough was relieved."

3. "Expectoration of yellow purulent-like mucus" that shows rapid degeneration of the transuded corpuscles. If coral is composed chiefly of carbonate of lime (*Calcareo carbonica*) and oxide of iron it would be of interest to compare their cough symptoms.

*Calcareo* has no respiratory symptom like No. 1. Although a variety of coughs are recorded under *Calc.*, none seem painful. It has however, pressure between the shoulder blades and many other spinal symptoms, affecting the respiration and cough. The expectoration is "mucus" and often "bloody."

Turning now to *Ferrum*, we do not find a similar respiratory symptom. The cough does not seem especially painful and the expectoration is "white purulent," "greenish purulent," "frothy, streaked with blood."

Comparing *Calcareo phosphoricum* we find no such sensation on breathing. The cough does not seem especially painful and is dry. The larynx seems chiefly affected.

*Calcium sulphate* does not have a similar respiratory symptom. Its cough does not seem painful, but the expectoration is quite similar, and it has the scapular pain.

*Magnesia carbonica* (Carbonate of Magnesium) has no similar respiratory symptom; its cough is not painful, and the expectoration seems to come chiefly from the pharynx.

*Silicea* is the last remedy we will compare with the Coral. We do not find a similar respiratory symptom. There is "distressing" cough and the expectoration is yellow purulent, and there is also the scapular pain. There is a little natural history bear-

ing on this question. "Coral is found attached to rocks embedded in a *muddy* sea bottom, in which it flourishes *more* than in a clear or *sandy* bed." The amount of silica must be very slight. *Corrallium rubrum* must be chiefly a Carbonate of Lime, with Iron. The fact that Teste found it similar to *Causticum* sends us off on another comparative hunt. The respiratory symptoms are more spasmodic, the cough is "racking," the expectoration is scanty, and the chest pains seem largely "stitches." We must conclude from these comparisons that Coral has a distinct pathogenesis.

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## SPASMODIC CROUP.

By T. C. Duncan, M. D., Chicago.

The experience of a "Country Doctor" recalls my experience with his *Lobelia* in croup. It was many years ago in March, cold and wet; a spelling school two miles away was the attraction. Wet feet developed a hoarseness that prevented spelling. The croupal cough frightened a neighbor, who induced the youth to stay with him, "for he might die on the way back home" a hot steam bath and a *Lobelia* emetic was the effectual treatment that left a little weakness and cough next day. Since then "a *Lobelia* emetic" with its terrific retching has never been attractive. Swallowing shot, a hot or cold cloth to the throat were popular expedients until the natural history of the disease was learned and the power of the similar remedy.

What is spasmodic croup? It is an inflammation of the trachea with a spasm. It begins as a pharyngitis and laryngitis and may continue on as a bronchitis.

The indication is to control the inflammation that provokes the spasm. It is senseless to vomit; it is wiser to apply a compress if the patient can be kept away from the air for two or three days. It is wisest to select a remedy that will stop the inflammation and head off the disease from traveling on down. *Aconite* corresponds usually and relieves completely. The second night the sudden choking may need *Spongia* and the resultant bronchial catarrh may be wiped out by *Hepar*. That will manage worst cases of spasmodic croup or inflammatory tracheitis. True Croup pseudo-membraneous croup, cannot be cured so promptly. It plows deeper.

**POINTS PICKED FROM THE TRANSACTIONS OF  
THE THIRTY-THIRD SESSION OF THE HO-  
MŒOPATHIC MEDICAL SOCIETY  
OF PENNSYLVANIA.**

Colonel H. M. Boies, Address of Welcome opens the book :  
"I have no patience with any of my best friends of the old school who refuse to consult with a homœopath," and per contra. "While I believe in the homœopathic theory of therapeutics I do not believe that it is of universal application. \* \* \* If steam is necessary, if electricity is necessary, or if hydropathy is necessary, use it to save the patient ; whether you apply homœopathy, allopathy, steamopathy, hydropathy, or whatever you apply, save your patients ; that is what we want you to do." And yet, like the chorus in the Pirates of Penzance, it seems to us that "there is a fallacy somewhere if we could only see it." Probably it lurks in the placing of the hand-maidens of the great Law of Therapeutics in the same category with the Law itself. But the welcome was cordial and genial.

**President Miller Said :**

"Asepsis ! Yes, yes, because it harmonizes with that more than secondary adjunct to surgical procedure, *materia medica*. We owe it to the advancement and enhancement of Hahnemann's art not to depart an inch from the principles he adjusted to the care of the sick ; and, despite all the theories of germ cause, etc., every one of you will attest that the homœopathic remedies, with cleanliness and care, are sufficient. The engrafting upon our operative course the malodorous destroyers of an enemy whose existence is largely if not entirely imaginative has wrought more damage to the school's distinctive title than the departure from the strict observance of the rules of therapeutic application. This should not be. The pride of every one should be to uphold in practice that which has given us the prestige over all our competitors in the healing compass ; not because we selfishly stick to form for form's sake, but because the simplest efficiency is the best efficiency. The astonishing profundity and nauseating volubility with which the thousand-and-one *latest* and *best* germ-destroyers are brought to your notice

but emphasize what I have said with regard to the necessity for ignoring all of them in favor of pure water and pure homœopathy."

### **Compulsory Vaccination.**

President Miller also made this ringing declaration, to which every freeman should shout, "Amen!"

"I would consider that I was careless of the interests of my constituency if I did not call your attention to the compulsory vaccination laws now on the statute-book of this State. As an individual and representative of a class growing every day I appeal to your sense of justice, and from that sense to an act of common right, to place yourselves on record as opposed to that unqualified outrage. You recognize that you would have the same right to demand of the State that its citizens should be compelled to patronize homœopathy, seeing that it is superior to any other healing method, and thereby save the citizens' lives. Neither you nor the State would tolerate for a moment such an arbitrary enactment. Yet do you tolerate, and some of you encourage, the very same criminality, with a penalty attached that is contrary to all constitutional law. Children are deprived of the privilege of State education, not because they have committed an overt act against the State, but because they run one chance in 100,000 of contracting contagious disease. How unjust! How shamefully barbarous! How un-American that is! Of all the tyrannical rules for the government of citizenship borrowed from the old world, not one is so steeped in the misery of debauchery as that. Whatever adverse action you may be impelled to take, you can feel encouraged by the fact that several States in the West have declared the compulsory vaccination law unconstitutional. I beg of you, then, to give this question your careful consideration. Even if you favor vaccination individually, let that keen sense of love of liberty guide you to grant to the conscientiously opposed the liberty of their convictions. Is that asking too much?"

### **Liability to Sprains.**

In a discussion Dr. Joseph E. Jones said: "Let me give you another little practical hint. Early in my life I was subject to sprains of my ankle. If I stepped suddenly from my carriage I would sprain my ankle on the slightest provocation. It seemed incomprehensible how easy a thing it was to hurt myself, so



that I would have to sit down on the curbstone to get my equilibrium. After doing that I would resprain my ankle day after day, week after week, on the slightest provocation, and it became exceedingly annoying. But I soon found if I took a dose of *Rhus tox.* 3 after spraining my ankle it would not recur. And there is the proof of the power of Homœopathy, even in the case of a sprained ankle."

### **Milk Sugar in Infants' Foods.**

By Dr. T. E. Parker: "Milk-sugar in milk that is not heated will set up a lactic-acid fermentation, while cane-sugar will set up alcoholic fermentation. Cane-sugar is not assimilated, but acts as a reserve, whereas milk-sugar is utilized in the economy of nutrition. Therefore, on physiological as well as on bacteriological grounds, we are justified in using the same animal sugar as is found in the infant's natural food."

### **A Possible Cause of Homœopathic Failure.**

Dr. Edward M. Gramm: "There is a thought that has struck me in the reading of this paper which has not been mentioned. It is this: Year after year we have all sorts of agents coming into our offices, and each one underbids the other in medicines, triturates and tablets, and we are apt to be led into purchasing medicines from firms who have no idea and who exercise no care in keeping their medicines pure. We have firms who make tablets at a very low figure, and they are purchased by our physicians by the thousands. These firms have been in the business of mixing crude medicines for years, and they simply see a lucrative field open to them for making tablets out of homœopathic preparations; they have no idea of keeping the drugs pure, and I believe that the market value of drugs has been responsible for many failures to obtain results in prescribing."

### **A Nitric Acid Case.**

By Dr. Mohr: "This was a man who had a great deal of trouble with vomiting and constipation, with occasional attacks of diarrhoea and some hæmorrhage from the bowels. He was treated for some months for gastralgia; he was treated for some years for constipation, and occasionally he was treated for diarrhoea, particularly when it was associated with hæmorrhage and led to considerable depletion; but unfortunately this man had



never been examined physically, and I was astonished at that, because he had such violent pains in the region of the stomach and the hepatic region. An examination revealed a cancer of the liver. He did suffer the tortures of the damned with that stomach and liver; he could not sleep, he could not take nourishment without causing a great deal of pain; and mostly followed by vomiting, so that he became very much emaciated and anæmic. I will tell you what *Nitric acid* in that third decimal dilution did. It stopped his pain in the liver and stomach, it stopped his vomiting, it stopped his constipation, he had movements from the bowels every few days, quite well formed, and that man absolutely died of a cancer cachexia, without suffering one hour's pain after he got that *Nitric acid*."

#### **Cimicifuga in Obstetrics.**

The following is one of several cases given by Dr Pearl Starr illustrating the great use of *Cimicifuga* in obstetrics. "Fifth confinement; previous ones had been very difficult, and anæsthetics and instruments used. With her first child she was badly torn, and not repaired. I first saw her when called to attend her with her fourth child. Her suffering was severe. Anæsthetics were used in the later stages—enough to stupefy; at no time was she unconscious. Delivery accomplished with instruments. The babe weighed ten pounds. In her fifth pregnancy she was carefully watched, and during the last two months was given *Cimicifuga*, morning and night. Labor was regular; lasted twelve or thirteen hours; neither anæsthetics nor the instruments were needed, although it was a case of dry birth, and the babe weighed nine pounds."

#### **Fragmenta.**

By Dr. S. C. Middleton: "*Absinthium* has often brought more or less sleep in typhoid fever when in that serious disease wakefulness has been a prominent and menacing symptom, due perhaps to nervous exhaustion and hyperæmia of the brain. So also has absinthium proved useful in allaying the nervousness, excitement, and sleeplessness in children when other drugs have either failed or not been indicated."

"*Antipyrin*.—Some one a long while since, in Boericke's RECORDER, advised the use of this drug, in the 6x trituration, in high and apparently dangerous temperatures, and stated that a reduction of the heat would surely follow. This result has

followed its use in my hands in all the instances in which it was applied. I have never used antipyrin in massive doses, but rarely in the above potency, in which form it can scarcely be said to do harm ; on the contrary, benefit followed."

" *Hyosciamine Hydrobrom.* — This drug is used largely, I believe, by the old school in insomnia of the insane. It is a powerful poison. It has never proven very satisfactory in my hands for sleeplessness. It should be used with great care. The 3x trit. has been very useful in nervous excitement and a state bordering on paralysis agitans, after the excessive use of alcohol, tobacco, etc. In highly excitable or nervous children who are easily frightened it has been of service. I have used it in dilution also much higher than the 3x."

" *Berb. vulg.* has often relieved "backache" where it is not always easy to ascertain whether the trouble may be congestion of the kidneys or a muscular *ennui*. This was one of the late Dr. McClatchey's remedies for that purpose."

### Cina Categories.

By Dr. Charles Moh, *Cina* patients are grouped in two classes: "First, the cachectic. Children, and even adults, who may have had worms or intermittent fever, who invariably complain of pains in the belly, whose abdominal organs are deranged functionally, and who suffer nervously, as do those whose intestines are actually infested with worms."

"Second, the anæmic. Children (and adults, again,) who have suffered from indigestion and non-assimilation of food, or have become anæmic from some acute illness, especially when they suffer much with headache, vertigo, and neuralgia."

"Now, in these two classes we will find many patients who have specialized diseases of the visual, nervous, respiratory, digestive and sexual systems, and I may profitably mention some with the leading characteristics calling for the administration of cina 1x to 6x.                   \*                   \*                   \*                   \*                   \*"

"In conclusion, I may remark that after *Aconite* in nervous phenomena accompanying colds, after *Digitalis* and *Belladonna* in asthenopia, after *Drosera* and *Antimonium tartaricum* in respiratory affections, after *Antimonium crudum* and *Cuprum* in gastric and intestinal derangements, *Cina* should always be considered, if medicinal treatment is necessary after these drugs have been used.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK. FORTY-SIXTH ANNUAL MEETING.**

Plenty of pickings in this number for the specialists, but rather barren for the general practitioner. Dr. W. H. Sweeting, of Savannah, N. Y., has the following to say of the treatment of

**Diphtheria :**

"My list of remedial agents is not long. First in importance is mercurius biniodide. I used to wait before giving it until patches appeared, but now I commence at once to give the 3x trituration in doses of from one to three grains, according to the age of the patient, repeated every two or three hours as the urgency of the case may require."

"In alternation with mercurius I usually give phytolacca decandra, 2x."

"I prepare my solution of phytolacca for the patient's use by putting twenty drops of the dilution into half a glass of water. I direct the nurse to give a teaspoonful, more or less, as required by the age of the patient, every two hours."

"At the first intimation of diphtheritic croup I add to the above prescription kali bichromicum as an intercurrent remedy."

"I prepare my solution of kali by putting a sufficient quantity of the 2x trit. into water to change the water to a light straw color. I direct that it be given in doses of one-half to two teaspoonfuls according to the age, and the dose repeated every one, two or three hours as needed. I believe I have saved many lives by the timely administration of kali bichromicum."

"These three remedies, mercurius, phytolacca and kali bi, are my sheet anchors in diphtheria. Of course, if the case did not progress favorably, and I saw clearly indications for other remedies, I should use them."

"I have frequently given apis mel. 2x trit. when there was great œdema. I have found gelsemium especially helpful for the paralysis that occasionally appears during or after an attack."

"The local treatment I employ is very simple, but in my humble opinion exceedingly beneficial. It consists simply in spraying the throat hourly and thoroughly with listerine. I use full strength in malignant cases and half or quarter strength in mild cases."

"I never use a swab or other instrument in the throat for detaching the membrane, believing that such interference aggravates the disease."

"I give my patients all the milk they will drink, also allow other liquid nourishment. Except in extreme cases, I do not use stimulants."

"I see to it that the patient has plenty of fresh, moderately warm air."

"Briefly given, this is the treatment I have employed in diphtheria. Had I not been very successful in curing my patients I could not have been induced to write a paper upon the treatment of a disease characterized by so large a percentage of deaths as diphtheria."

It is refreshing to read a paper on the treatment of diphtheria in which "antitoxin" is ignored.

### **Senecio Aureus in Puerperal Mania.**

The following interesting case is by Dr. Selden H. Talcott, chief of the great Middletown, N. Y., Asylum for the Insane.

"Every homœopathic remedy has its individual sphere of action. Each drug exerts its inherent and peculiar influence upon the human system. Many of the proven remedies produce similar effects in a general way, but in spite of this fact each drug has its own face, and form, and power. The efficacy of a remedy depends largely upon its selection and application. If the symptoms of disease are matched accurately by a drug whose proven symptoms correspond precisely with those of the case in question then the results are prompt and satisfactory."

"It is not often that we are called upon to use the remedy known as *Senecio aureus* for the cure of insanity, but one patient, who came under our care and observation last year, was promptly relieved by the administration of this drug. The case was as follows:"

"Number in our record book, 4723. The patient was a female; age, 26; married; two children; was admitted to the Middletown State Homœopathic Hospital June 17th, 1896. This patient was

suffering with her first attack of insanity, and it came on suddenly. There was no history of insanity in the family of either her father or mother. Her friends stated that she had worried continuously during her pregnancy, for fear that the coming child might be born dead, as her first one had been. The child was born June 8th; it was strong and healthy. June 17th, as above stated, she was admitted to the Hospital. When admitted she was in a condition of very violent acute mania. She looked like a strong and healthy woman physically; that is, she was large and portly, but of flabby texture. She was very much excited mentally, and emotional to the hysterical degree. Her temperature was  $103^{\circ}$ , her pulse 112, and respiration 28. During the three months following admission she improved but slightly in a physical way; her maniacal excitement continued without abatement, and she was much disturbed all the time. At one time her temperature was  $105^{\circ}$ , but usually it ranged about  $103^{\circ}$ . She took the usual remedies, such as aconite, baptisia, belladonna, hyoscyamus, pulsatilla, and stramonium, as they seemed to be indicated, but she made no mental improvement. We do not often see a patient remain so much excited for so long a time after childbirth. While such cases may not recover in several months, the symptoms usually subside, in part at least, after two or three months of careful treatment. In this case the bodily temperature remained high; the patient was very active physically, and the mental state was that of a wild, violent, and almost uncontrollable person. We ascertained at last that the lochia had subsided suddenly after childbirth, and that the menstrual flux had failed to appear. On account of the amenorrhœa, coupled with a continued mental excitement, severe pain in the head, great nervous irritability and sleeplessness, and hysterical erethism, we gave her *Senecio aureus* in the third decimal dilution, drop doses every two hours. She took the first dose of *Senecio* on the fifteenth day of September. In less than three days she was improved, and on the 21st the record states that she "seems more quiet and rational than at any time." On the 24th the case-book shows that she is "improving every day." On the 26th "appears more rational; sleeps well." She menstruated in October for the first time in several months. On the 20th of October she seemed to be free from delusions and well-balanced in mind, but was not very strong in body. She made slow progress in the line of physical recuperation, and though fat and healthy

in appearance she was unable for many weeks to endure the fatigues of ordinary occupation. Such weakness of the entire bodily system sometimes follows attacks of severe maniacal excitement.

In response to the wishes of her friends, we allowed her to return home on a thirty days' parole. She was comfortable for a short time after reaching home, and then relapsed, returning to us on the seventeenth of November. At that time she was excited, violent and destructive. This condition seemed to be partially relieved by the use of belladonna, but improvement not being as complete as desirable, we again gave *Senecio aureus*. From this time she improved rapidly, both physically and mentally. She menstruated naturally, and all the physical and mental functions were again performed in a normal manner. The patient was allowed to return to her home on the 15th day of February, 1897 (on a thirty days' parole), and was discharged recovered March 17th, 1897. Since that time she has remained in good health, both physically and mentally.

While the proving of *Senecio* is not very elaborate, and while there are but few mental symptoms recorded, we find enough to lead us sometimes to the use of this drug. It seems to have a place of action midway between the fierce, hot, pugilistic mental state of *Belladonna*, and the mild, tearful, and changeable condition of *Pulsatilla*. Recovery from puerperal mania is seldom effected unless the menstrual function is re-established, and in attaining this desirable end the efficacy of *Senecio aureus* may be more fully recognized in the future.

#### Cancer on the Increase.

Dr. J. M. Lee, while doubting the efficacy of internal medication, said: "Nevertheless, the workers in this field should not cease to apply their old remedies or search for new ones; cancer is on the increase, and no greater service can be done the public or profession than to discover a successful medical treatment."

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#### VERBENA HASTATA IN EPILEPSY.

By J. N. White, M. D., Queen City, Texas.

May 1st, 1897, I had a boy five years old brought me for treatment and also diagnosis. He had first passed through a severe attack of whooping cough. It had been six weeks since the disease had first come on. At this time he began to develop

symptoms of epilepsy; and it was for these peculiar spells they brought the boy to me.

Being out of town at the time, I did not see him, but a neighboring physician who was called to see him during an attack told me it lasted half an hour or more, and was a very severe epileptic fit.

Word was left for me to come out and see him the next day, which I did, and found he had twelve of these paroxysms during the last twenty-four hours. The patient had always been very healthy up to the time he had had whooping cough, but from close inquiry I found a history of epilepsy on the mother's side of family. I cleaned out the alimentary canal with chologogues, and tonicked him up and put him on *Solanum Carolinense* with sulfonal to control and quiet the nerves. I tested these remedies for a month. I found the sulfonal a fine thing to control the paroxysms, but if the *Solanum* did any good I could not tell it. Each time I would withdraw the sulfonal the spells would return while I had him on the above.

After this I tried the bromides thoroughly without any permanent effect. I tried them about three months.

At this stage, the parents getting anxious. I suggested consultation, and the physician above referred to was called in the case. He suggested oxide zinc alternated with *Hyoscyamus* and *Cannabis Indica*, with heavy purges of calomel once a week. We kept him on this for a month or longer without any improvement. I told my friend (the Doctor) that when he became satisfied with the zinc treatment I wanted to try another Eclectic remedy. (The Doctor was an Allopath.) He was perfectly willing, and I put him on *Verbena hastata*, 12 minims every four hours, skipping the dose at midnight. After we both took the case we decided, as there were no curative properties in the sulfonal, we would drop it, and not use anything to control the paroxysms, and consequently the boy seemed to get worse to the parents, as it would have several falling spells a day. From the first dose of the *Verbena hastata* the boy began to improve. He would have contractions of the muscles of the arms and legs and look wild for a minute or more for the first week, but after that he never had another symptom. We kept him on the medicine, as above, for six weeks, and now he takes twelve drops three times a day.

He has not had any symptom in over two months, and all that



wild vacant look is gone, and he plays, eats, sleeps, etc., as if he had never been troubled with epilepsy.

I have another case on treatment, but it is too early to report on it.

I shall keep the boy on treatment for at least six months longer. I stopped the medicine one week about a month ago, to see if there were any permanent effects. He had no symptoms. But I think best to continue for some time yet.

Let's have some more reports on *Verbena hastata* in epilepsy.  
—*Eclectic Journal*.

## THE SUBJECT OF VACCINATION BEFORE THE GERMAN DIET.

Translated for the HOMŒOPATHIC RECORDER, from the *Hom. Monatsblätter*, April, 1898.

This subject was again brought forward on January 28. Representative Reisshaus interrogated the Secretary of the Interior on this subject. On May 8th, 1896, the Diet had resolved that a commission should be appointed consisting of friends and of opponents of vaccination, that these should investigate the objections made to vaccination and report to the Diet; but the Federal Council had non-concurred in this resolution and dropped it into the waste paper basket. Instead of this proposition, the Federal Council had resolved to order an investigation: Whether, and how far, "according to the latest experience and investigations," a revision or a supplement to the statutes concerning vaccination might seem to be indicated?

Representative Reisshaus interrogated the secretary, whether in this official investigation experts opposed to vaccination would also receive a hearing?

The answer of the secretary, representing the Government ended with the declaration that the federated Governments were resolved to maintain vaccination without regard to any scientific discussions.

Prof. Dr. Foerster, a member of the Diet, makes the following very appropriate criticism in the "*Impfgegner*" ("The opponent of vaccination"): "It is thus that the demands of the people which are ever becoming more urgent as to a revision, i. e., an abrogation of the statute on vaccination of 1874, are set at naught. And even though a man should speak with a trumpet and with the tongues of angels it would avail nothing.

"The Diet, the Government and the Imperial Board of Health



are under an accusation. The Diet has determined to fulfil the demand of the people. The Government, which is one of the accused persons, turns to the Imperial Board of Health, its counselor, and at the same time, another accused party. This board, which is thus constituted an expert, declares everything is all right, and the Government, a judge in its own cause, decides: Refused! there will be no change. But to show our 'good Will' we will inquire whether the manner of vaccination may be somewhat improved. And the end of the matter is, that nothing will be done. We shall only advance in this matter, when the popular representatives shall be obligated by the electors in a binding manner to take charge of this matter. The people can impose this obligation on the candidates of any party. This must be followed by renewed petitions. Eventually we are bound to succeed."

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## HOMŒOPATHY AND THE UNIVERSITY OF MUNICH.

From the *Hom. Monatsblätter*, April, 1898.

The Finance Committee of the Bavarian Diet lately discussed Homœopathy. Representative Landmann moved that a Chair of Homœopathy be established in the University of Munich. This resolution was heartily seconded by Dr. Dallas, the chairman of the Committee on Worship; Dr. Orterer, the chairman of the Finance Committee, also desired a thorough consideration of this resolution by the Government. But Dr. V. Landmann, the secretary of Worship, responded that *the University, on being questioned, did not see any need of such a chair, because as it averred HOMŒOPATHY IS NO SCIENCE!!* Nevertheless he would keep the matter in mind.

The *Muenchner medizinische Wochenschrift* from which we excerpt these facts, remarks: "There is no doubt that the University will also in future occupy this repellant attitude."

Of course! Homœopathy cannot be a scientific curative method, since it is not recognized as such by the University. What is it that Goethe says about this?

These traits will prove men learned!  
Whate'er you do not touch, is miles away!  
Whate'er you do not grasp, does not exist at all;  
What you do not compute, that is not true,  
What you don't weigh, that has no weight for you,  
What does not bear your stamp, you think is valueless!

Luckily! the existence of Homœopathy does not depend on the favor or disfavor of these honorable professors. It will continue when they shall have been forgotten, and, sooner or later, it will conquer its rights, if needs be, even by decapitating some of these pig-tailed pashas.

Truth can bear to wait!—It is not truth, but they who make it wait, who suffer by the delay!

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### EXCORIATIONS IN INFANTS.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatsh. fuer. Hom.*, April, 1898.

This ailment as found either where there are folds in the skin, or it may extend over a large part of the skin. In the former case it is caused by perspiration and friction. In the second case the excoriation consists more in an inflammation of the skin caused by the action of the sharp urine; in these cases there is an actual eruption in the form of small humid pustules.

The most frequent cause is neglect in cleanliness, when urine, perspiration and dirt are not removed by frequent ablutions; but it may also be caused, or at least much favored, by internal causes, especially where it extends all over the body making it look raw. This may be caused by the use of food sharp in taste and strongly spiced, and of spirituous beverages either in the nursing mother or in the nurse. Unhealthy fluids in the body may also be a cause. Scrofula especially predisposes to it.

In itself, the ailment is not dangerous, except when the harmful causes continue to act, in which case ichorous sores may be formed.

First of all, the causes of the excoriation must be removed. Cleanliness and frequent ablutions cannot be sufficiently insisted on. The infant must not be allowed to remain lying in diapers wet with urine. Daily baths in lukewarm water (also in decoction of marsh-mallows, milk or bran-water) are excellent. The infant should be carefully dried, of course without friction. The starch used for strewing on the excoriated places should be starch made from wheat, not potato-starch.

Homœopathic writers agree that *Chamoilla*, 4 D. stands first as a remedy, as soon as excoriation is discovered, unless the ailment has arisen from the abuse of chamomile-tea with the mother and the child, in such cases *Ignatia amara* 6 D. or *Pulsatilla* 4 D. are

indicated. If the infant has a yellowish color and the excoriated spots look red, extending even to behind the ears *Mercurius vivus* will cure; sometimes after four or five days *Tinctura sulphuris* or *Carbo veget.* will have to be used. Dr. Hartmann, when he found *Mercurius sol.* insufficient, would after a week had elapsed, use with striking effect *Lycopodium* 10 D. If the excoriation is caused by a nettle-rash, *Sulphur* or *Graphite* 10 D. is to be preferred to *Lycopodium*. In many cases, when *Tinct. sulph.* is insufficient, *Silicea* may be given.

Rückert in his works recommends the following remedies, giving the proximate indications:

*Chamomilla* 4 D. given internally and also in a weak infusion for ablution is recommended by Dr. Gross. But if the abuse of Chamomile-tea was the cause, then *Iguatia* and *Pulsatilla* 10 D.

*Lycopodium* cured excoriations on the genitals and on the inner side of the thighs, forming long, flat sores, with a fatty appearance at the top and with inflamed borders, simultaneously with a humid scald of the head.

*Sulphur* (*Tinct.*) one to two doses cures excoriations with infants, where the skin behind the ears, on the neck, under the arms, in the inguinal region and between the thighs is of a deep red color and humid, covered now and then with a thick, ill-smelling, puriform lymph.

*Sepia* 10 D. cured a considerable excoriation, secreting mucus of offensive odor, with violent pains, accompanied with nocturnal cough.

We see, therefore, that these various practitioners agree on certain remedies, and that according to them *Chamomilla*, *Sulphur* and *Lycopodium* may be considered as the leading remedies for excoriations with infants.

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## MISCELLANIES.

Translated from *Hom. Monatsblätter*, April, 1898

*Ocimum canum* was introduced, as Dr. Shlegel informs us, in the year 1840, by Dr. Mure, and its provings are found in a work unknown in Germany, "*Doctrine de l'école de Rio Janeiro*," which contains also a number of other interesting remedies which have been but little applied so far.

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On the 16th of March, 1898, the Dutch Secretary of the Interior, Borgesius, proposed a statute in the legislature which

intends to introduce obligatory attendance in the public schools of Holland. Rightly apprehending one of the main obstacles which has caused the absence of so many children from school hitherto, the Secretary at the same time proposed *to abolish compulsory vaccination, i. e.* the demand made hitherto that it must be proved before a child is received in the school that it has been vaccinated! According to the *Schwæbische Merkur* on January 1st, 1897, there were 60,000 children in Holland, who had never attended a school.

A manifest indication *that the hateful compulsory vaccination ought to be abolished.*

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### AN APIS CURE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER From the *Leipz Pop. Z. fuer Hom.*, April, 1898.

DEAR DOCTOR! I am sorry to report a thickly swollen right cheek and all the inside of my mouth swollen. I dare not go out in the finest weather, although a thousand strings are drawing me to the Park. I am sure a remedy would quickly help me, and I entreat you for the same." This was the laconic report of a patient, and the confident conclusion of the note made it "a matter of honor" not to disappoint this hope for quick relief by *one* homœopathic remedy. I chose *Apis* because there was no mention made of any heat, pain or redness, which might have made me prefer *Belladonna*. Later I heard that a molar "passing slowly away" caused the swelling, and that on this account the swelling was both internal and external. If it should not improve, I wrote to the patient, I should come to see her next day. I was rejoiced, however, to see the patient enter my office next day with a very satisfied air, and there was nothing to be seen of any swelling on her cheek. There had not been any abscess, it was clear. It had not burst open. Just this kind of a swelling (formerly frequently called a cold abscess) corresponds to *Apis*. And this is truly homœopathic, for who does not know the striking effects of the sting of the bee, in which frequently the face is disfigured in a few minutes, especially if the lesion occurs in the neighborhood of the eyes, in the loose intercellular tissue. The curative effect of the poison of the bee acted with almost an equal rapidity. Four drops of *Apis*

6. D. in 50 grammes of water were given, 1 tablespoonful every 2 hours. If this cure was effected by Dame Nature I herewith give her my thanks for waiting with her activity until accidentally *Apis* stepped in to interfere with her work.

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### FOREIGN CLIPPINGS.

From *Leipz. Pop. Zeitscha. f. Hom.* 1898

**POISONING FROM ATROPIN.** In many diseases of the eyes specialists are of the opinion that the continued use of solutions of *Atropin* is required. These may, however, have toxic effects, causing first of all an inflammation of the conjunctiva. During a longer use of *Atropin* the effects of its use are cumulative (v. Græfe), and there are effected anatomic changes in the conjunctiva, increasing its sensitiveness, which augmented irritability may continue for months, so that every additional drop of *Atropin* causes a very intense inflammation. But also other effects appear which belong to the sphere of *Atropin* and are to be considered as toxic symptoms, *e. g.* swellings of the parotid glands, faecal catarrhs, urinary troubles (first of all, retention of urine; later on, unconscious micturition). Such phenomena should therefore be looked for, and the remedy should be intermitted when such symptoms appear; for its frequent use is out of all proportion with the slight benefit secured from it by specialists.

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**ARSENICAL POISONING.** It is well-known that a decigramme of arsenic acid may have a fatal effect. Nevertheless, this remedy is still used in large doses by old school practitioners, especially in chronic cutaneous eruptions, in scaling herpes, neuralgias, St. Vitus' Dance, chronic malaria, etc. There is no doubt that patients frequently suffer injury from its use. Such injuries, *vulgo* poisonings, do not always become generally known, because it is not known that many weeks may pass between the use of the arsenic and resultant phenomena of poisoning; and these phenomena are usually not ascribed to the remedy which had been used for curative purposes, especially as the public is ignorant of the fact that Fowler's Solution, which is as pellucid as water, contains one per cent. of arsenic acid. So Dr. Coleman reported in the Clinical Society, of London, on the 14th of January (1898), that a girl who was sick of chorea had received

fifteen drops of Fowler's Solution three times a day for four weeks; this had caused the disappearance of the chorea, but three weeks later there had followed a complete inflammation of the nerves in the arms and legs with paralysis. Coleman was able to save the life of the girl because he knew the circumstances of the case; for he had had repeated experience of such cases, but once before he had lost such a patient.

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ITCHING OF THE ANUS AND HÆMORRHOIDAL KNOTS.—These two ailments may sometimes appear with such violence that they impede walking, and disturb sleep. Although we have real curative remedies for this disease in *Sulphur*, *Thuja*, *Nux vom.*, etc., especially when the patient then carefully cleanses the parts affected with glycerine-soap, and, after drying them, smears them with fresh tallow, I may, nevertheless, mention a treatment which relieves at once, at least for several days, namely, anointing these parts with collodion with a swab made of raw cotton. This must not, however, be done near a burning light. The burning caused by this soon passes off. The hemorrhoidal knots, when thus treated, also diminish in size.

DREOS, in Hamburg.

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SUGAR OF MILK AS A DIURETIC is not appreciated by all as it ought to be. Homœopaths especially seem to have a settled aversion to allowing any medicinal virtue to sugar of milk because it is by them defined to be an "indifferent medium." That this is incorrect may be at once seen when we consider that it is made from whey, and therefore contains not only the the whole amount of the sugar of milk contained therein, but also all the salts contained in the whey. Cow milk contains 0.18 per cent. of chloride of sodium, 0.16 per cent. of lime, 0.25 per cent. of potassium phosphate, and 0.0001 of oxide of iron. When 100 grammes (= 1543 grains) are dissolved in two liters (quarts) of water and drunk in the course of the day the secretion of urine is enormously increased, so that this simple remedy would seem to be more useful in dropsy than many other remedies. But also in children suffering from constipation, a warm solution of sugar of milk mixed with the milk is the best remedy for constipation. This diuretic efficiency of sugar of milk may be yet increased by dissolving it in hot water in which a handful of elder bark (of *Sambucus nigra*) has been boiled.

EFFECTS OF PHOSPHORUS.—Dr. Hartrep in the *Muenchener Med. Wochenschr.* (87, 96) speaks very enthusiastically of the use of *Phosphorus* in homœopathic doses (twice a day, half a milligram—between the 3 and 4 Dec.—but always on a full stomach) in cases of the English disease (Rickets). Dr. Hartrep has, besides, discovered some excellent attendant effects of *Phosphorus* which are, of course, nothing new to homœopaths; it increases the intelligence of children that are mentally backward, and also removes brain symptoms. Also, in irregular or periodic headaches, Dr. Hartrep has found *Phosphorus* beneficial, as also in anaemia and in cases of nervous irritability or debility.

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### CASES OF ECZEMA.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. Hom Zeit.*, April, 1898.

Dr. de Keghel reports the following case of eczema:

A man of 40 years, owing to a chronic eczema on the prepuce, had been circumcised seven years ago. Since that time the eczema has appeared on various parts of the body, the scrotum, the shoulders, the temples, the flanks, the legs and the arms. *Sulphur* 30, 2 doses of 2 globules a day at intervals of 4 days, brought but little amelioration. *Calcarea carb.* 30, given in the same way, had no effect either on the eczema or on the secretion from it. A renewed dose of *Sulphur* failed to have any effect. Then there were given in succession *Graphites* 30., *Arsenicum* 200, *Rhus* 30, *Antimonium crud.* 30, *Silicea*, *Phosphorus*, *Petroleum* and *Sepia*. There was a gradual improvement, but the full cure was only affected by two renewed doses of *sulphur* 30 at intervals of 4 days. We note that the patient was suffering from hæmorrhoids.

Van der Berghe succeeded in curing an eczema scroti with *Croton tiglium*; with the same remedy Dr. Schmitz cured an *eczema vesiculare* in the inguinal region.

Dr. van der Neucker reports the case of a girl of 17 who had been suffering for months from suppression of the menses and from an eczema on the hands. *Sulphur* gave no result. Remedies that are usually indicated in eczema, such as *Rhus tox.*, *Graphites*, *Lycopodium*, also failed to be of any use. Finally by means of *Pulsatilla* in less than 14 days the appearance of



menstruation and the cure of the eczema were reached at the same time.

Dr. de Keghel saw with a lying-in woman an ezema occupying the flanks, the vulva and the abdomen cured by means of *Rhus tox.* On the day after the first dose there was a fearful aggravation of the symptoms, but on the following day there was a decided improvement that soon increased to a full cure.— (*Journal Belge d' Homœopathie*, No. 6, 1897.)

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## STOMATITIS, (INFLAMMATION OF THE MOUTH.)

Translated for the HOMŒOPATHIC RECORDER from *Medizin. Monatshefte*, April, 1898.

This ailment is chiefly characterized by great painfulness in the buccal cavity, so that the partaking of food becomes very difficult and even impossible and the patient is compelled to subsist on liquid food. The mucous membrane covering the cavity is reddened, loosened and swollen, the gums and the teeth especially become loose and swollen, and if the process is not checked the teeth even finally drop out. Stomatitis arises especially from four causes:—

1. *Mercurial Poisoning.* Mercurial stomatitis appears before the breaking out of the salivation, and also as its accompaniment. The gums are swollen, of an intense redness and their border as well as the teeth themselves are covered with a tenacious, yellow mucus; all the tissue, inside of the buccal cavity are loosened; at various places, on the tongue, the fauces, etc., extremely painful ulcers, very similar to those from syphilis, are formed. The chief remedy for this condition is *Kali jodatum*, 1 D.

2. *Poisoning by Bismuth.* Kocher indicates as the characteristics of a chronic poisoning by *Bismuth subnit.*: Stomatitis with severe swelling of the gums, of the tongue and the fauces, *looseness* of the teeth, black discoloration of the border of the gums, attended with catarrh of the intestines, colic and diarrhoea; desquamative nephritis with albumen and granulous cylinders in the urine; nausea and disturbance of the digestion. Similar symptoms are caused by the (allopathic) preparation called *Airol* lately put on the market; this also contains bismuth.

3. *Diabetes mellitus.* The *tongue* has a whitish color with red borders, later on blackish; the *gums* swollen, and not infrequent-



ly the incisors drop out. The tongue is not only dry, but frequently also spotted and fissured, and the thirst is not assuaged by drinking. The *dryness* in the *mouth* is one of the first and most troublesome symptoms. Remedies are *Arsenicum*, *Kreosotum*, *Uranium nitr.*, etc. It is a question whether *Bismuthum subnitr.*, as it causes simular symptoms of poisoning, might not be used according to the law of similars in treating diabetes; this has not yet been done.

4. *Scurvy*. A general disturbance in nutrition with a cyanotic swelling of the gums, with subsequent necrosis, probably an infectional disease, the appearance of which is favored by a lack of fresh meat and fresh vegetables, and is, therefore, frequently found on ships and in prisons.

A dark, bluish redness of the buccal cavity, attended with a loosening of the mucous membrane, and especially also of the gums, is one of the symptoms of scurvy, as well as of incipient mercurial salivation.

Who would not thence recognize a certain relationship between these diseases? However obscure it may be as yet, how these several causes may bring forth similar and related changes in the same parts of the body, it is very important to become familiar with the question so as to avoid diagnostic errors and consequent *therapeutic mistakes*.

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## CONCERNING SPICES.

From *Med. Monatshefte*, April 1898.

Spices (Aromata) have in general a use in forwarding the digestion of nutriments, improving the inferior kinds and giving a complement to those that are insufficient; they also increase the formation of blood, of the plastic constituents, the development of warmth, the energy and activity of the heart and of the entire vascular system. Spices forward the new formation and nutrition of the tissues, limit their retrogressive disintegration, and thus organic decay and excretion, and advance the formation of fat. The nervous system is exalted to higher flights by the increased digestion, the vigorous formation of blood, the quickened circulation of the blood and the transitory exciting powers of the ethereal oils. Spices, therefore, in general forward assimilation and nutrition, limit disintegration and egestion; they are therefore useful in improving and complementing the

inferior and insufficient aliments of the poorer classes and in economizing and preserving the strength with laborers who work hard. This is also the case only in another way with spirituous beverages.

Spices and aromas are of dietetic use in impaired appetite, weak and indolent digestion, in phlegmatic temperaments and lymphatic constitutions, in the middle or advanced states of life; where the aliments are fat, farinaceous, insipid and hard to digest; in frosty, cool, wet seasons and weather, and whenever we would secure a heightened excitation of the digestive organs, increased warmth and a quicker circulation, an increased sensation of vigor, and a delay in the disintegration of the tissues.

When taken in excess, spices cause a super-excitation of the digestive organs, congestive and hyperæmic states in the stomach and intestinal canal, *i. e.*, such states as rest on an excessive pressure and fulness of the blood; according to the degree and measure of the excitants or the excitability of the alimentary canal, there may also appear inflammatory conditions of the mucous membrane.

Especially in dyspepsia or chronic weakness of digestion a highly spiced and *piquant cuisine* may become of use, as it moderately excites and stirs up into activity the indolent and relaxed digestive organs.

From the above, it follows at the same time that spices are not, in general, useful to children.

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### CRATÆGUS OXYACANTHA.

It will be remembered that this remedy was introduced by Dr. Jennings in the *N. Y. Medical Journal*, but it attracted no attention until the RECORDER republished his article in December, 1896, when it at once received a great deal of attention. It is our custom when a new remedy appears to republish from all sources whatever appears concerning it, and this we have done with *Cratægus*. The latest is an enthusiastic paper by Dr. Joseph Clements, read before the Jackson County Medical Society, and printed in *Kansas City Medical Record*. It is needless to reprint it entire, as the greater part of it is irrelevant. But this is the point: The doctor himself was his first patient on the remedy.

About twelve years ago I was suddenly siezed with terrible pain in the left breast ; it extended over the entire region of the heart and down the brachial plexus of the left arm as far as the wrist. I pressed my hands over my heart and seemed unable to move. My lips blenched, my eyes rolled in a paroxysm of agony ; the most fearful sense of impending calamity oppressed me and I seemed to expect death, or something worse, to fall upon and overwhelm me. The attack lasted a short time and then began to subside, and soon I was myself again, but feeling weak and excited. I consulted no one ; took no medicine. I did not know what to make of it, but gradually it faded from my mind and I thought no more of it until two years afterwards, when I had another attack, and again nearly a year later. Each of these was very severe, like the first, and lasted about as long and left me in about the same condition. I remember no other seizure of importance until about three years ago, and again a year later. These were not so terrible in the suffering involved, but the fear, the apprehension, the awful sense of coming calamity, I think, grew upon me. From this time on, two years ago, the attacks came frequently, the time varying from two or three months to two or three weeks between.

I took some nitro-glycerine tablets and some pills of *Cactus Mexicana*, but with no benefit that I could perceive. This brings me down to about fifteen months ago. I was feeling very badly, having had several attacks within a few weeks. My pulse was at times very rapid and weak, and irregular and intermittent.

About this time he got hold of *Cratægus*. with the following result.

After getting my supply I began with six drops, increasing to ten before meals and at bedtime. The results were marvelous. In twenty-four hours my pulse showed marked improvement ; in two or three weeks it became regular and smooth and forceful. Palpitation and dyspnoea soon entirely left me ; I began to walk up and down hills without difficulty, and a more general and buoyant sense of security and well-being has come to stay. During the three months that I was taking the medicine, which I did with a week's intermission several times, I had several slight attacks, one rather hard seizure, but was relieved at once on taking ten drops of the medicine.

He adds that a hypodermic of *Morphine* does not give relief from these heart pains as quickly and as surely as does fifteen drops of *Cratægus*. He also says, "of course I consider it the most useful discovery of the Nineteenth century." He also names a number of "the most reputable and careful men in the profession," who are having good results with this remedy.

Truly *Cratægus oxyacantha* seems to have a future.

It may not be amiss to state here that not long ago we saw it stated in a journal that a certain firm proposed making a fluid extract of the roots, branches and leaves of the *Cratægus*; if this is done it will probably be the Old Man of the Sea of the new remedy, the same that has killed so many other promising

drugs; the new preparation can be sold very cheap, therefor will largely supplant the preparation from the ripe berries, and thus kill this useful drug save with those who think more of quality than price.

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### DANGERS OF ACETANILIDE.

I have, in the last six or eight months, seen five or six cases of thrombosis in lower extremities, caused by use of this remedy in antipyretic doses in continued fevers. The heart was so much enfeebled that it could not propel the heavy current in its course through the large veins. The great weakness of the heart in all forms of continued fever should deter us from using the powerful sedatives, and remedies to increase the *vis a tergo* are clearly indicated. This is true of pneumonia also. If there is extensive consolidation of lung tissue, the decarbonization of the blood will be compromised; and we would have a condition analogous to the cyanosis of *Acetanilide*. If doctors persist in using this drug in pneumonia vitis, they may expect to see their bill of mortality run up very rapidly, as any man of clinical experience will attest.—*Dr. L. H. Cowden, in Med. Summary.*

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### BOOK NOTICES.

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**An American Text-Book of Genito Urinary Diseases, Syphilis and Diseases of the Skin.** Edited by L. Bolton Bangs, M. D., and W. A. Hardaway, A. M., M. D. Illustrated with 300 engravings and 20 full-page colored plates. 1229 pages, 8vo. Cloth, \$7.00; Half Morocco, \$8.00. Philadelphia: W. B. Saunders. 1898. *For sale by subscription only.*

This is another addition to the well known "American Text-Book Series," and fully keeps up with the pace set by the preceding volumes. Forty-seven leading specialists have contributed the text, of which the publisher says: "My object in making this book was to furnish the physician and student with a modern one-volume treatise covering the same ground that heretofore has required the possession of three or four costly works." This object has been accomplished and the work is in

every way commendable save one—treatment, especially of skin diseases. In this particular there has been no advance, and the custom of suppressing skin diseases externally is everywhere applied and defended. How long, O, Lord! how long will it be before man can see that the ostrich-like policy of driving a disease into the body is *not* curing it! Every physician should read Burnett's book on *Diseases of the Skin*; it will repay the time spent many fold by presenting the other side of the shield.

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**The Diseases of the Stomach.** By William W. Van Valzah, A. M., M. D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital, and J. Douglass Nisbet, A. B., M. D. Illustrated. 674 pages. Cloth, 8vo. \$3.50. Philadelphia: W. B. Saunders. 1898.

This book faithfully represents the latest word of the "regulars" on the diseases of the stomach. It is divided into six sections, namely SECTION I. Introduction and Classification. II. Diagnosis and Diagnostic Methods. III. Medication. IV. Dynamic Affections of the Stomach. V. Anatomical Diseases of the Stomach and VI. The Vicious Circles of the Stomach. There is an unusually complete and detailed presentation of the important subject of dietetics. The nutritive value of the various foods is fully discussed, together with their special application in diseased conditions of the stomach. The diet lists for each disease are extremely full, and are so arranged that selections can readily be made to suit individual cases.

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**A Practical Treatise on Appendicitis.** Prepared especially for the use of the Students and General Practitioners. By Howard Crutcher, M. D., Professor of Surgical Anatomy and the Principles of Surgery in the Dunham Medical College, Chicago. Illustrated. 134 pages, 8vo. Cloth, \$1.50. Chicago Hahnemann Publishing Co.

"The aim of the author," we are told in the preface, "has been to prepare a helpful book, along practical lines, for the use of those whose bed side experience in appendicitis is limited," and when we say the aim has been accomplished, a good description of this book has been given. On the disputed point

in this disease the author says on page 43: "Appendicitis is a surgical disease. That a great majority of primary cases recover without operation has no logical bearing upon the essential nature of the affection. Comparatively few fractures require direct operative interference, yet no one questions that all fractures are of themselves surgical lesions." The use of opiates to relieve the pain is unqualifiedly condemned as they cloud the case and the pain may be largely controlled by thorough evacuation of the bowels.

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THE Twenty-eighth Annual Report of the Massachusetts Homœopathic Hospital, of Boston, makes a very favorable showing. In surgical cases (of which there were 1,185) the death rate was 4.4 per cent., while the average death rate of all cases, medical and surgical, was only 3.44. An excellent showing in both departments.

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OUR esteemed contemporary, the *Medical Century*, thinks: "It is a mistake for a house like Boericke & Tafel to reproduce such an antiquated and insufficient volume as Williamson upon these important topics," *i. e. Diseases of Females and Children*, for "its reproduction at this time serves no special useful purpose unless it be to call the attention of the profession to the practices of forty years ago and to repeat to them the homœopathic indications for a few of the remedies in more general use in disease of women and children, not always so clearly set forth as in Williamson's brief but pointed indications." But may it not be that in doing this the shade of Walter Williamson has not appeared in vain?

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THE majority of the world takes its opinions, like its clothes, ready-made. Many years ago some one said cod liver oil was "good for consumption" and the belief still holds; ditto, that sarsaparilla was "good for the blood," and it still goes; that fish were "brain food," and the world now believes it; that the "grape cure" was a good thing, and forthwith men would stuff themselves with pounds of grapes; that grape seeds caused appendicitis, and forthwith the consumption of grapes fell off enormously; that oysters cause typhoid, and, lo! the oyster was

given a much needed rest. Probably no belief has a stronger hold on the "ready-made" part of the community than that the "cigarette habit" is a potent cause of insanity and other things with which the reporters have made us all familiar in their flaring headlines. But Mr. Clark Bell, editor of the *Medico-Legal Journal*, of New York, has been investigating this oft repeated story and finds it (like the beliefs cited above) to be a fake, and publishes his researches in a neat little pamphlet entitled *The Truth About Cigarettes*. Aside from the other investigations, Mr. Bell has taken the trouble to run to earth some of the most highly spiced sensations, and the result is amusing; one "victim," an especially shining example, it was found had never smoked cigarettes or anything else in all his life. Yet so far has this notion got a hold on the part of the people alluded to that they have succeeded in having laws passed forbidding the sale of this form of tobacco. We do not advocate the smoking of tobacco in any way, being satisfied to let each man judge for himself, but surely it is not very "scientific" to legislate against cigarettes and let, say, the Pittsburg "stogie," go scot free.

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MESSRS. BOERICKE & TAFEL have in press the fourth addition of Dr. J. C. Burnett's work on *Diseases of the Skin*. It will be out this month and ought to have a large sale, for it is as radically original as any of his other works. The author's views are somewhat similar to those advanced by Hahnemann in his *Chronic Diseases*, and it would be a good thing for humanity, and especially posterity, if these views were to be carefully and dispassionately studied by the whole medical profession.

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THE everlasting truth of the homœopathic law of cure is well shown in the issuing of the fourth edition of this little book (Williamson's *Diseases of Females and Children*), which has long been out of print. While fashions and fads in medical treatment have come and gone since the first edition was issued, the therapeutic indications herein given are just as true and just as reliable as when first penned. There is a vitality and freshness in these books of the earlier generation of homœopaths that keeps them forever growing old, and renders them more valuable than many of the newer ones.—*Hom. Journal of Obstetrics*.



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## FORWARD, ALONG THE WHOLE LINE!

At a meeting of the Committee of the Homœopathic Medical Society of Germantown, held on Friday, April 22d, 1898, the following resolutions (which ought to be presented in every homœopathic society) were presented, and were adopted unanimously:

WHEREAS, a large increase in the Army and Navy is about to take place, and has taken place already to a considerable extent, and

WHEREAS, a large percentage of the entire population of the United States are accustomed to and greatly prefer the homœopathic system and practice of medicine, and an equally large percentage of the physicians and surgeons of the United States are also of the homœopathic school of medicine, and the number of both these classes is rapidly and largely increasing; and

WHEREAS, in education, skill, qualifications and experience the physicians and surgeons of the homœopathic school are fully equal in every respect to those of any of the other schools recognized in the surgical departments of the Army and Navy. and in many respects, especially in the medical branch of the profession, the results are decidedly superior, as statistics have always demonstrated; and

WHEREAS, soldiers or sailors enlisted in the military or naval service of their country, by reason of the discrimination against practitioners of the homœopathic school (for it is a well-known fact that Homœopathic physicians and surgeons, graduates of Homœopathic medical schools and colleges, have not been able to obtain, for some reason, official position or recognition as surgeons or assistant surgeons in the army, the navy or in the hos-



pital service of the country), are debarred from treatment in accordance with what they believe to be the only rational and successful system of medicine, and are therefore subjected, of necessity, to a system of treatment which they do not approve, and would not employ in their own private lives; and

WHEREAS, by reason of this discrimination, and the deprivation for those contemplating service in the Army and Navy, of such medical service in which they confide, valuable men have undoubtedly been deterred from enlisting in said Army or Navy, whereby their services have been lost to the country; and

WHEREAS, the patrons of the homœopathic system of medicine are numbered very largely among the most cultured, intelligent and the wealthy citizens of our country (for it is a well-known fact, that the clientele of homœopathic physicians, and a fact which no one disputes, is generally among the intelligent), and that those who adhere to and use the homœopathic practice are larger tax-payers, and more influential citizens, member for member, than those of any other school of medicine; and

WHEREAS these citizens and tax-payers are equally entitled to the consideration and protection of the Government as are those who adhere to and practice other systems of medicine; therefore be it

*Resolved*, That we, the representatives of the homœopathic physicians and surgeons of Philadelphia, and of the thousands of citizens who patronize and sustain the same, most earnestly urge, in the name and on behalf of the said physicians, surgeons and citizens that the military and naval authorities of the United States shall take such measures as will result in placing in the different departments of the United States Army, and the Naval and Marine service, and the United States Volunteers, qualified surgeons, who are practitioners and graduates of the homœopathic school of medicine, without discrimination: and further

*Resolved*, That we respectfully but most earnestly request the Governor and the military authorities of the State of Pennsylvania, to accord to the homœopathic school of medicine the same recognition in the National Guard, the State Military when called into service, the State hospital service, and such other appointments of surgeons and assistant surgeons as may be, by law, vested therein, as is or may be granted to any school of medicine.

*Resolved*, That a copy of these resolutions be presented to the

President of the United States, the Secretary of War, the Secretary of the Navy, the Postmaster General, the United States Senators and Members of Congress for the State of Pennsylvania, and to the Governor of Pennsylvania, and a request be made that a hearing may be accorded this Committee in furtherance of the same.

Very respectfully submitted

WILLIAM K. BROWN, M. D.,

ISAAC W. HEYSINGER, A. M., M. D.,

GEORGE W. STEWART, M. D.,

CHARLES W. KARSNER, D. D.,

WILLIAM H. KEIM, M. D.,

*Pres. Pa. Homœopathic State Med. Soc.*

JOB MANSFIELD, M. D.,

PEMBERTON DUDLEY, M. D.,

*Member Pa. State Board of Health.*

JAMES HARWOOD CLOSSON, M. D.

### THE AMERICAN INSTITUTE.

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The annual dues (\$5.00) entitles the member to a large volume of Transactions, worth to any physician "double the money." The first year's dues should be sent, if possible, with the membership fee so that the name may appear in the proceedings. No doubt arrangements can be made each year so that the Transaction will be sent C. O. D. New members can get back volumes of the Transaction at a small cost by addressing the Secretary, Dr. E. H. Porter. These are full of valuable information, and make a grand addition to any medical library.

We would urge all young graduates to strain a point to join the Institute this year. Those who are isolated from their colleagues need the help this national body can bring. In its Transaction will be found valuable facts about the spread of Homœopathy, and the comparative success over other methods of medical treatment, that should be copied into every local paper. Our old physicians know the value of this sort of propaganda. If you cannot attend the session of the Institute once in a decade

it can come to you every year. "Come with us and we will do you good." Send for a blank application to the Board of Censors. We want to double the Membership this year.

T. C. Duncan, M. D., Chairman, 100 State St., Chicago.

R. B. Rush, M. D., Salem, Ohio.

Geo. R. Peck, M. D., Providence, R. I.

A. C. Cowperthwaite, M. D., Chicago.

Millie J. Chapman, M. D., Pittsburg.

MR. GEO. R. HENNIG, a Chicago homœopathic pharmacist, has lately taken unto himself a journal, and since has been giving its readers the benefit of his pen in nine and ten page installments; but, doubtless, in the matter of space, like Mr. Weller, as he "grows vider" he will "grow viser, width and wisdom go together, Sammy." In the meantime it takes ten pages of Mr. Hennig to reply to a twelve-line note in the February *Recorder*, objecting to the *New England Medical Gazette's* assertion that the criticisms of the new pharmacopœia were apparently "intentional misrepresentations." The backbone of Mr. Hennig's defence of the new work consists of an attack on what he repeatedly terms "the *Recorder's* pharmacopœia," thereby showing that his ideas of medical journalism have not as yet risen above the "house organ" species. The *Recorder* has no pharmacopœia, never had one, nor never expects to have one. Furthermore, friend Hennig, assailing the other pharmacopœias is no defence of the new work. *It* is on trial and not the others.

The *Recorder* raised the query, concerning the new work—"if it is to be official"—and at this Mr. Hennig cracks the whip of authority over the heads of physicians and pharmacists to lash them into subjection—all which seems to prove that as yet he lacks Mr. Weller's "vidth." Hear the crack of the whip!

Mark the words: "if it is to be official". (!) Will the *Recorder* relieve the suspense of an anxious school of medicine and tell us what yet remains undone to make the new pharmacopœia official? Will it yet be necessary to get the consent of its avowed opponents? Is not the stamp of approval of the American Institute of Homœopathy sufficient?

Is not the new pharmacopœia at the present moment just as official as it is possible for it to be five or ten years hence?

Is it not as binding upon the homœopathic pharmacists as is the U. S. Pharmacopœia upon the old school druggists, save only in the enact-

ments of the different legislatures in the "drug laws" and "pure food laws?"

Does the *Recorder* wish it to be understood that the "strong arm of the law" will yet be necessary to project the new pharmacopoeia upon an official basis?

So, it seems, according to the expounding of Mr. Hennig, there is no appeal; you must accept the production of the rent and torn Pharmacopoeia Committee without question or suffer anathema! Apropos of this, we quote the following from a letter from a western homœopathic physician; it is typical of many others.

I am thoroughly disgusted with the effort to foist upon the homœopathic physicians the new pharmacopoeia. \* \* \* We ought to know who sells the new tinctures so we can get what we want. Can you tell us in the *Recorder*?

No, that would be outside of the province of this journal; we are fighting for the maintenance of Hahnemannian homœopathic pharmacy. Ask the question of the house you deal with. The whole glorious history of such remedies as *Silica*, *Calcarea*, *Graphite*, *Aurum* and a host of others is indirectly condemned as fable by the new work that Mr. Hennig upholds, and if it is universally adopted Homœopathy as an organized body will cease to exist; for how is it possible to teach the young medical mind the pathogenesis and clinical results of such remedies in one college class and in another instruct him that the remedies from which the provings and results were obtained were "inert," as the new pharmacopoeia does? Even the lash of authority will not drive this contradiction through to acceptance. Mr. Hennig intimates that this is "quibbling about chaff." We do not think it is, and, further more, we have reasons for believing that the great majority of the profession do not think so either.

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THE *Therapist*, of London, England, says that "it is well known" that the oil of wintergreen (*Gaultheria*) "contains all the anti-rheumatic properties of salicylic acid." We are glad to hear this, for it was certainly *not* well known before Dr. Lang contributed his papers on the subject to the HOMŒOPATHIC RECORDER in 1894, or at least the fact had not found its way into print. The moral is that when you want to be heard speak through the RECORDER.

THE thirteenth annual meeting of the Kentucky Homœopathic Medical Society will be held at Frankfort, Ky., May 25th and 26th. The following are the officers for 1898: President, Wm. F. Reilley, M. D., Covington, Ky.; Vice President, E. H. Griffith, M. D., Henderson, Ky.; Treasurer, J. W. Krischbaum, M. D., Danville, Ky.; Secretary, F. W. Fischback, D. D., Newport, Ky.

### LET THE GOOD FIGHT GO ON.

Editor of HOMŒOPATHIC RECORDER.

Nowhere are there to be found more patriotic and loyal men than are found in the homœopathic ranks. As a natural result of this condition, when President McKinley issued his call for volunteers there were numbers of good men, graduates of homœopathic colleges and successful workers in our ranks, who saw fit to offer their services. It shortly came to my notice that the Governor of at least one State desired to make some appointments from our school, but for the knowledge that they would not be accepted by the surgeon-general of the United States. Inasmuch as the surgeon general has always held, when importuned by us, that no discrimination was practiced, this was to my mind sufficient reason for an indignant protest. That we might be positive as to the status of affairs before taking action in the matter, I sent the following telegram: "Lincoln, Neb., May 3, 1898.—J. B. Gregg Custis, 110 East Capitol street, Washington, D. C.: Wire surgeon-general's decision relating to appointment homœopaths in army." I received the following reply:—"Washington, D. C., May 3, 1898.—B. F. Bailey, M. D., Lincoln, Neb.: Theoretically homœopaths eligible, practically debarred. Last one rejected because had not had yellow fever. J. B. Gregg Custis." In reply I immediately sent the following telegram to Dr. Custis: "May 4th, 1898.—J. B. Gregg Custis, M. D., 110 East Capitol street, Washington, D. C.: Request Senator Allen, of Nebraska, to introduce this resolution forbidding discrimination against any school of medicine in appointments to Army or Navy, and attaching penalty clause. (Signed.) Benj. F. Bailey, President of Nebraska State Board of Health. I endorse this request. Silas A. Holcomb, Governor."

Senator Allen has complied with this request, and introduced this resolution, and inasmuch as it seems that we cannot expect justice from the spirit of the law, but must demand it by the letter of the law, it behooves us to see to it that we take strong and rapid advantage of this opportunity, and place upon the statute books of the country a law which shall recognize us in fact as well as in spirit. To this end I ask you to bring to bear upon the Senators and members of the House from your State such immediate influence as will insure their vote in behalf of this resolution. Refer to above resolution as Senate File 164.

Fraternally yours,

LINCOLN, Neb., May 10, 1898.

BENJ. F. BAILEY.

# PERSONAL.

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Dr. J. H. Hallock has regained his health after two years roaming about in the woods, and has located at Saranac Lake. We believe he is the only homœopathic physician in the Adirondacks.

We congratulate Dr. Dewey on his great kinsman, the hero of Manila Bay.

One bad thing with many an invalid, is a chronic weakness in bill paying.

"Dixie" and "Yankee Doodle" are now companion national airs.

It is difficult to distinguish between antitoxin "reading notices" and antitoxin articles.

The worst thing about a cigarette is its odor.

Whenever spinal symptoms recur at a certain hour give *Rano bufo*. Wahle.

*Ferrum picricum* acts well in bilious debility, says an English authority. Do not forget *Rhus aromatica* in diabetes.

When all one's bills are receipted he can look on philosophically.

The gamblers' winning ways are not very pleasant.

Soon the shirt-waist will bloom again.

The best modern materia medica? Allen's *Handbook* by 10 to 1.

Remember *Erythroxylon coca* in chronic deafness with noises in the head.

In chronic coughs try *Verbascum*  $\theta$ .

When the urine smells like a cat's *Viola tri.* may be the remedy.

For persistent deafness with recurring earache think of *Guaiacum*.

When a man is on the right side of "the market" the time seems to be a jocund and a halcyon one.

Do not fail to read and ponder Burnett's work on the skin—it goes below the epidermis.

There is nothing but praise for Wood's new *Gynecology*. It's a solid work.

Homœopathy may be truly said to be imprescriptible.

"Office hours" should *always* be on the sign.

What is the difference between died of "heart failure" or "for want of breath?"

Dr. S. A. Jones, the prover of *Picric acid*, pictured the soul of that drug as "speedy exhaustion from slight exertion."

If you want an unsurpassed clinical note book get a copy of Clark's *Prescriber* inter-leaved; it prescribes for every disease and the inter-leaves give you ample space for adding every new prescription that comes your way.

Messrs. Boericke & Tafel have lately added to their special preparations *Cantharis Balm*, which will be found an excellent dressing for burns or for any purpose for which *Cantharis* is used externally.

For toothache *Mercurius* 6x—old, but fact.

Gonorrhœa antitoxin from a goat is the last.

Send your papers to the *Recorder*.

Dr. A. Jerome Robbins has removed from Scottsville to Mayville N. Y.

# THE HOMŒOPATHIC RECORDER.

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## SULPHUR.

By E. R. McIntyer, B. S., M. D.

Professor of Mental and Nervous Diseases in The National Medical College  
and Hospital of Chicago.

In a study of Sulphur there seems to be symptoms sufficient to combat all the possible ills of the human race. But calm, deliberation leads to the conclusion that this is not the only remedy we need. We are led to this conclusion by the incongruities in the symptom-groups. One author gives: "Pale face; wan, blanched, sickly, bloated face, with wrinkled countenance." It is a dangerous strain on the imagination that sees wrinkles in a badly bloated face. But he further states: "Patient is happy, has happy dreams, and everything looks beautiful. There is hypochondriac sadness, disposition to weep, imitable, taciturn disposition." Now I submit that it is difficult to understand how these symptoms could occur at one and the same time in any patient, and if they do not, why are they placed together with no explanation? He further states that there is "Pain in the abdomen, with sensitiveness of the surface; spasmodic contraction; colic, cutting pain with nausea, followed by diarrhoea and tenesmus; hæmorrhoids, constipation, with pain in the rectum as if it would protrude; mucous stools, streaked with blood; passed with ascarides or lumbrici; stranguary foetid urine." This is a single sentence, with no intimation that the diarrhoea and constipation alternate; but would convey the idea that they are present at the same time. After these statements we are not surprised at the closing words of the article, viz.: "The symptoms of *Sulphur* are so numerous and so contradictory that I will leave the physician to make out the balance by physiological induction and clinical experience." That is,



after assuming the role of teacher he discovers that he is unable to manage the boat in the swift current, and gallantly tips it over, informing the occupants that they can swim or drown.

Another author, under "Sulphur," says: "In the evening violent itching and smarting all over the body, particularly on and between the fingers; parts of the body, not sensitive, itched when she touched them; she feels as if she were alive beneath the skin;" (she may not have been dead); "there was a feeling as if vermin were running about. Itching and provoking scratching on the scrotum and thighs, and sweat on those parts." We can scarcely sympathize with her, since we cannot see what "*she*" was doing with a scrotum any way. I have never objected when "*she*" wore the pants, but I rise to protest lest the principle be carried too far.

The most important symptom of Sulphur is eruptions of various kinds on the skin. One of these, the vesicular, is the result of the venous capillary engorgement that so prominently marks the action of the drug. This points to the vaso-motor nerve supply of these vessels, which are paralyzed, notwithstanding some of our authors say: "It increases the activity of the vegetative life generally and the process of secretion and absorption in particular," and another says, after quoting the above, that Sulphur paralyzes the walls of the venous capillaries. I do not know how he harmonized these statements, but I suppose he did in some way. The capillary paralysis permits a passive congestion, and the serum is forced out through the walls to appear in the vesicles, which soon become pustular owing to transmigration of leucocytes. The rash is most prominent in the bends of the joints and between the fingers, which with the aggravation by external heat are additional evidence of venous capillary stasis. Its paralyzing effect on the venous capillaries is shown by the passive congestion to the head, as expressed in "Great fullness of the head as if filled with blood, with nose bleed in bed. Great heat on top of head." This last symptom reminds us of *Graphites*, but under the latter the heat is circumscribed.

The cerebral hyperæmia of Sulphur is not always venous; but may result from paralysis of the arterial vaso-constrictors, as is the case in the "violent rush of blood to the head, beating of all the arteries in the head," etc. This may be the result of over action of the heart, of which more presently. Sulphur also



causes a reflex "headache from abdominal plethora," this being an expression of venous stasis consequent to the capillary vaso motor paralysis. In these cases the pain is dull, and is located in the frontal region. Not all pains in this region are from this cause, however, though most of them are reflex, and some from catarrh of the frontal sinuses; some are from uterine irritation and some from eye-strain, etc. Only a knowledge of the fifth nerve and its connections can assist us in differentiating.

And this is extremely important, since if the pain results from eye-strain we will waste time by prescribing *Sulphur*. *Nux vom.* has an identical frontal pain, but the *Nux* irritation reaches the fifth nerve, viz., the pneumogastric, while under *Sul.* it travels over the sympathetic. The uterine reflex headache is further back toward the top of head, or in the occiput. The latter is also the location of pain in spinal irritation. This, however, may result from pelvic engorgement, as in "spinal congestion from suppression of menses or hæmorrhoidal flow," when *Sulphur* is the remedy *if this is part of a venous capillary vaso-motor paralysis*, as indicated by "piles either blind or flowing, with discharge of dark, venous blood, with itching and burning of the anus," and "thin, watery diarrhoea." The stools are foetid and acrid, and are simply the serous discharge from the mucous membrane that has been forced out through the walls of the overfilled venous capillaries in the colon and rectum.

This is followed by a reaction, so to speak, when there is dryness of these surfaces, causing "constipation, with stools hard and black, as if burned." This alternate constipation and diarrhoea should not be confounded with that produced by *Nux*, because the latter results from irregular peristalsis, owing to the action of *Nux* on the pneumogastric, while under *Sulphur* is results from irregular capillary circulation from its action on the venous capillary vaso-motors and those concerned in the portal circulation.

The "hard black stools, as if burnt," reminds us of *Bry.*, but under the latter the stool is large from lying in the colon and rectum, because of inertia of the intestinal tract, and dry from absorption of its watery constituents while remaining there, thus differing pathologically from Sulphur, where the stools are "insufficient."

The portal stasis of Sulphur points away from the venous capillaries to the larger vessels, as does the varicose veins on the legs.

It also directs our attention to the liver, since the engagement extends to that organ, where it produces "sweling and hardness of the liver; induration with jaundice; secretion of bile is increased and acrid." These symptoms point to hepatic congestion, and may assist in explaining the "acute and chronic-rheumatism, especially the latter; the heat of the bed aggravates." The function of the liver being crippled, lithæmia results from its inability to convert insoluble lithic, uric and lactic acids into soluble urea. To this we may attribute the "rheumatic pains in the joints, with cracking on moving." As a result of this lithæmia, we get accumulations of offensive flatus in the bowel. But this will not explain the "cramps in the calves of the legs and soles of the feet; cramp-like tensive pain in muscles of thigh." These are not rheumatic, but an expression of an irritant to the posterior columns of the cord, which probably results from the venous congestion of the cord itself.

This condition could result in locomotor ataxia, although it could hardly produce true sclerosis of the columns, because that condition results from arterial congestion. But certainly it will prevent the normal removal of waste matter, which may prevent sensory impressions ascending, thus producing "unsteady gait, tremor of hands," etc., of *Sulphur*. When this venous congestion extends to the motor columns it may intercept motor impulses, thus producing the "palsy of lower extremities, with total retention of urine and numbness extending up to navel," when in the lumbar cord; or the "general weakness of spine, which is tender to pressure, so that he walks stooping, chest feels empty and weak; it tires him to talk," when higher in the cord.

This weakness of the chest from spinal venous congestion may lead to more serious thoracic difficulty, because of the inability to properly expand the lungs, thus favoring deposits of tubercle, especially in those lymphatic, scrofulous individuals where *Sulphur* plays so important a part in all their diseases. Given a case of this kind, and the sympathetic vaso-motors of the lungs are as liable to attack as those of other parts, and the consequent venous stasis in those organs may be prevented so long as expansion is perfect; but this being weakened by the passive congestion of the cord as above given, and the danger from tuberculosis is more than doubled.

This venous engorgement of the lungs points to an explana-

tion of the "palpitation of the heart with anxiety; palpitation of the heart without any apparent cause; feels oppressed, wants doors and windows open; at times intermittent pulse." The venous engorgement in the lungs is a peripheral irritant to the pulmonary sympathetic, which is immediately telegraphed to the cardiac fibres, which proceed to remove it by the usual method of increased circulation; but this fails owing to the paralyzed venous capillary vaso-constrictors in the lungs permitting the vessels to dilate, increasing the trouble all the while, until the overwrought cardio-acceleratory fibres become exhausted which results in the "intermittent pulse."

This cardiac irritation resulting from pulmonary venous stasis may assist in explaining the "Stitches through the chest extending into left shoulder blade; worse when lying on the back; during the least motion, when drawing a deep breath." This reminds us of *Bry.* and *Kali carb.* But under *Bry.* the pain is in the right side, while under *Kali carb.* it does not pass along the nerves to left shoulder blade, neither is it aggravated by lying on the back, as is all cases of spinal hyperæmia, the position increasing the trouble by force of gravity. In short the pains of *Bry.* and *Kali carb.* result from serious irritation while those of *Sulphur* are caused by venous congestion.

In a word, through the sympathetic vaso-motor nerves Sulphur seems to strike down the vital forces of the venous capillary vessels of the whole body, producing a condition of congestion and malnutrition in every organ and tissue that manifests itself in the so-called psora, whatever that may mean, which may culminate in almost any form of diathetic disorder.

*100 State street, Chicago.*

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## **"PROFESSIONAL ETIQUETTE."**

By — — —, M. D.

In all the various walks of life there are none so bound down and hampered by rules of "Professional Etiquette" as the medical man. The lawyer gives his services free to his colleagues only upon the rarest occasions. The same may be said of the dentist. Absolutely all comers outside the profession must pay. The physician alone is bound by an unwritten code of old foggy laws, which not only impoverish his pocket, but place

him before the eyes of his fellow-men as "no business man." Even physicians have come to regard themselves as "no business men," and in this age of progress and competition this fact is lamentable.

A survey of a brief list of patients treated free of charge on account of the inevitable "professional etiquette" would astound the layman and even make the physician himself think he was somewhat of a sponge, to be squeezed at will.

First of all, a brother physician, his wife and family must head the free list. This is perhaps quite as it should be.

Next come the parents, brothers and sisters, and too, too often cousins, aunts, etc. This is a little too much. Then the ministers, whom we do not like to charge because they are "men of God." Just here it is but fair to say that often one meets with a noble fellow of this class who refuses to be given free treatment. This is always refreshing.

Coming down the line, the letter-man drops in with a bad cold or sore throat, and the kind doctor would scorn to charge the good fellow who brings him his mail. Next in order comes the policeman. He selects his favorite "on his beat," and comes in with "any old disease." No one would think of charging him, of course. Glad to do a little favor, etc. Then the fireman around the corner needs a little attention and gets it free. He is a good fellow, too.

Now last, but not least, comes the scores of "trained nurses," who themselves are becoming a drug on the market. This class forms the greatest imposition of all. For why? These women make from ten to twenty dollars per week. Their expenses are very light. Two, three and even four rent a room together at a cost of from one to two dollars a week each. During the time they are employed this is their sole expense. When not employed they have the reputation of doing a great deal of visiting, not only among their friends but among the families in which they have nursed. Of course they are given a welcome. Why not? Have they not helped through a weary and anxious time?

But the question remains, why should they be treated free of charge by any physician at his office? If asked themselves, it is doubtful whether or not they would want to be objects of charity. However, this is what they become, and no doubt partly through the doctor's fault. I once asked a young colleague why this class of people was on his free list. He was

young, handsome and popular, and had any number of this white-capped and aproned brigade coming to his office. He said it was a little tiresome, but "they talk so about a fellow if he charges them and then they sometimes send a patient." This was pretty hard on them, but no doubt contained some truth.

Now the question is, how to rid the profession of all these friends and relatives. It is a strange fact, but none the less true, that all who come to the office and are not charged have more to say about their ailments and take up more of the doctor's time with unnecessary gossip than any other class. This is no doubt to make up in agreeableness (?) what they lack in paying quality. It is also a correspondingly strange fact that we physicians ourselves treat these people a little more agreeably than others. Why? For fear they will think we want their money—of course, we would not think of such a thing.

No doubt the relatives are and ever will be a fixture on the free list and cannot be reached. The remaining list named should be gently but firmly led to see the error of their ways. The last on the list can be reached through the head nurses of the various hospitals throughout our country. These are generally women of good common sense and executive ability. They should instruct each class and each individual pupil nurse under them never to enter a doctor's office without paying the usual fee upon leaving. If they will still have free treatment, there are the physicians belonging to the hospital of which they are a part to whom they should apply.

As I am now out of the business and "laid on the shelf" among the old foggy doctors and the "granny nurses"—God bless them, for at least they were always healthy—I feel free to write as I have done without fear of giving offence to any class. As this "free list" proves itself to be a constantly growing one, it is time that those physicians most affected by it should unite in remedying the evil, which certainly falls heaviest upon the homœopath, who must give his medicines as well as his advice. If the ball only needs a start, let us set it going, and trust that others may keep it rolling until the goal is reached and the physician emancipated from the binding but unprofitable laws of "professional etiquette."

## VACCINATION A FALLACY—ITS COMPULSION A CRIME.

By Dr. W. Curtis Cross.

Read before Western New York Homœopathic Society, April 7th, 1898.

Observation and experience incline me to believe that there are numerous physicians who, with unreasoning and unquestioning faith in the dicta of their preceptors and teachers, follow implicitly and blindly the practice they have been taught and vaccinate their patients, at the same time assuring them that they are thereby fully protected from smallpox. It is to try to induce these self-confiding members of the profession to stop and consider the validity of the assertions they make that I write this thesis. Before proceeding to the discussion of the main propositions set forth in the title of this paper, I propose to submit for your consideration a few of the most important facts in the history of the origin and evolution of the giant delusion called vaccination.

In the year 1798, Edward Jenner, at that time an obscure country doctor, practicing at Sudbury, near Bristol, England, announced to the world that he had discovered a preventive of smallpox, and startled the medical profession by his assertions, which he based on the following fanciful superstition: The cows in his neighborhood were milked by men as well as by women, and the men would sometimes milk the cows with hands foul from dressing the heels of horses afflicted with a malady known as grease. With this grease the dirty milkers poisoned the cows' teats, which soon became covered with running sores, and this disease was termed cowpox. The absurd notion that in some way cowpox was related to smallpox, and that individuals inoculated with the former disease were incapable of contracting the latter, had been prevalent among the peasantry for many years, and impressed itself upon Dr. Jenner. He sent a paper to the Royal Society in 1797, announcing his supposed discovery; this paper was rejected, however, and in 1798 he rewrote it and had it published at his own expense. He spread it broadcast, and called his preventive "*variolæ vaccinae*," although it was well-known that cattle never contracted smallpox.

In this paper Dr. Jenner condemned spontaneous cowpox (the

kind now used), and stated emphatically that none was "genuine unless it had been caused by horse-grease." He assured the profession that inoculation with this agent meant complete immunity from smallpox for life, but subsequently he dropped the horse-grease idea on the advice of Drs. Woodville and Pearson, of London, and substituted humanized cowpox instead.

Jenner's claim of *complete immunity for life* was soon proven to be false; then another claim of one vaccination in infancy and another before manhood was set up, but this also proved a delusion, and its advocates then advised that vaccination be repeated at maturity. It was next thought necessary that it should be repeated every seven years, and now to insure perfect immunity it is claimed by authorities that everyone should be revaccinated every three years, and that there should be three scars. In every country where vaccination is practiced the profession is divided respecting the merits of humanized and bovine virus.

Referring now to the title of my paper, it will be seen that it embodies two independent propositions: one that vaccination is a fallacy, and the other that its compulsion is a crime.

Independent in this sense, that whether I succeed or fail in convincing my hearers of the truth of the first proposition, I have still an equal and unimpaired right to be heard upon the second. I submit then that vaccination is a fallacy and in support of this thesis I now endeavor to show that the claims put forward on its behalf are false and delusive. To consider them all within the limits of a papers like this is obviously impossible. The space afforded by a score of such papers would ill suffice for such a task. But some few of them I will take as fair examples of all, and will state them in such broad outlines as the available space will permit.

CLAIM I. Protection.—If you are vaccinated, you will not take smallpox at all. This was the original claim. Listen to the words of Jenner himself, as written on page seven of his original "Inquiry into the Causes and Effects of the Variolae Vaccinae:" "What renders cowpox virus so extremely singular is, that the person who has been affected is forever after secure from the infection of the smallpox."

Nor was this the mere dream of an over-sanguine and enthusiastic inventor. Many of the high priests of the vaccine cult cut themselves adrift from the saving grace of a judicious hedge by their dogmatic assertion that vaccination is an absolute pro-



tection against smallpox. Nothing could be clearer than their statement, unless indeed it be its refutation by the stern logic of facts. For when we come to test the extent to which so uncompromising a promise has been redeemed, we are at once confronted by a long and dreary history of failure. In England, the birthplace of Jenner and his delusion, the first compulsory vaccination law was passed in 1853. Referring to statistics, I find that since the above date there have occurred three leading epidemics of smallpox. The first, 1857-9, killed 14,244 of the population of England and Wales; the second, 1863-5, killed 29,059, and the third, 1870-2, destroyed 44,840. Between the first and second epidemics the increase of population was seven per cent. and that of the epidemic was forty and eight tenths per cent. From the second to the third epidemic the population increase was nine per cent. and the epidemic increase was one hundred and twenty-three per cent. And when smallpox again broke out in London in 1881, coming upon a city ninety per cent of whose inhabitants were at the time officially claimed as vaccinated, it was confessed by the advocates of the vaccination-delusion that of the four hundred and ninety-one patients admitted into the Highgate Hospital, the principal hospital then receiving smallpox patients, no less than four hundred and seventy, or ninety-eight per cent., had been successfully vaccinated. So that comparing the proportion of vaccinated patients to patients inside the hospital with that of vaccinated population to total population outside the hospital, we find vaccination left six per cent. to the bad.

In the Appendix of the British Army Medical Report for 1885, page 442, we find the detailed report of Surgeon Boulger on fifty cases of smallpox among the British soldiers in Cairo. Revaccination is expressly admitted with thirty eight of these fifty cases, including the four fatal ones. In the London *Lancet* for February 23d, 1884, is recorded an outbreak of smallpox in Sunderland comprising one hundred cases, whereof ninety-six had been vaccinated. In the more recent history of Sheffield, the history from which, by some wonderful process of ratiocination and self persuasion, the vaccinationists have managed to extract so much comfort, we find the broad record of vaccinal failure writ in characters no less clear than the above.

"For years and years," says Milnes, "the force of compulsory vaccination could no further go than it actually went in Shef-



field. The vaccinations had been brought to within five per cent. of the births accountable. Neither can the quality of the vaccine virus there employed, nor the proficiency of the public vaccinators of Sheffield, be successfully impugned, in view of the fact that they were awarded round sums by the government inspectors for vaccinal excellence, and in thirteen months, ending March, 1888, Sheffield obtained as the reward of her faith in vaccination 6088 cases of smallpox. In this misguided city re-vaccination had reigned supreme during all the time of her trouble." The *Times* of Nov. 23rd, 1887, of that city remarked: "Re-vaccination had become general, and the plague ought to have been stayed in stricken Sheffield if there were any virtue in vaccination."

Did time and space permit I could cite thousands of other similar recorded data comparing the historical facts of vaccination with the promises of its advocates, with damaging effect to the latter. The British Royal Commission appointed to enquire into the merits of vaccination as a preventive of small-pox reported directly against the practice. Milnes writes: "Leicester, England, did not vaccinate during a recent small-pox epidemic, and had the lowest death-rate of any city of its size in England." Returning to this country, I may mention the fact that Indianapolis, Ind., which refused to vaccinate during the last epidemic of smallpox, had but three cases of the disease, one being a recently vaccinated person who brought the disease there. Rochester N. Y. had but one case, in spite of the fact that it did not officially vaccinate. The smallpox epidemic of 1870-3, after twenty-five years of compulsory vaccination in Europe, was the worst experienced during the century. In Bavaria, out of 30,472 cases of smallpox 29,427 had been vaccinated, and in the army, where every man had been revaccinated, the disease raged with greater virulence than among the civilians.

I believe I have now adduced sufficient evidence to nullify the first great claim that has been made on behalf of vaccination. By the resistless logic of facts, the "complete protection" delusion has long ago been dispelled and the arguments of its advocates completely demolished.

Now let us examine claim No. 11. Mitigation:—I find in Dr. Husband's "Handbook of Forensic Medicine" these words:—"The proper view to take of vaccination seem to be this—that it does not *prevent* smallpox, but *modifies* its *virulence*." This

statement embodies the view taken by most modern authorities on the vaccination problem. Now the first and most obvious remark to make on this spurious plea is that, if it claims to make a statement of actual fact in any specific individual case, it clearly assumes a knowledge of the unknowable — an absolutely unwarranted assumption. For it must be clearly understood from the history of this disease that long before the birth of Jenner smallpox was of every degree of severity, from the mildest to the severest type. Since, therefore, there were plenty of mild cases of smallpox in the days before vaccination was known, it is obviously impossible to say of any individual case of post-vaccinal smallpox just how severely that patient had meant to have it, if he had never been vaccinated. If, therefore, this claim is to be supported at all, it must find that support in some alleged statistical basis, and that basis is alleged to be found in the comparative fatality rates of the two classes, the vaccinated and the unvaccinated.

“But the evidence is overwhelming,” says Milnes, after a very exhaustive study of the matter, “that the fatality of smallpox did not, as a rule, exceed in the pre-vaccination period the fatality in the post-vaccination period.” By a formidable array of facts which have never been assailed, gleaned from the statistical records of England and France in regard to the history of smallpox before and after the promulgation of Jenner’s dream, Milnes has demonstrated beyond refutation that the claim of mitigation is absolutely without justification in facts. I regret exceedingly that the scope of this paper forbids their presentation herewith.

Let us now consider Claim III. Decrease of smallpox since the Introduction of Vaccination:—Opponents of vaccination often find themselves reproached in some such terms as the following: “The ravages of smallpox used to be much more terrible than they are now.” “There can be no doubt in any intelligent mind that smallpox has diminished in severity and extent since the introduction of vaccination, and what more do you want?” I reply that I want a great deal more. I want some little evidence of a causal connection between the two. I do not want to be imposed upon by a mere *post-hoc-ergo propter-hoc* argument. And it is just this causal connection that I deny, and I think that I can justify that denial with the irresistible logic of stern facts.

Calling to witness the recorded statistics of smallpox epidemiology, we get unmistakable evidence that the decline of smallpox had set in long before vaccination had been heard of, and very long before it had been carried out to any extent which could have had any appreciable effect on the death-rate from this disease.

Dr. Farr observes in his article, "Vital Statistics" in "McCulloch's Statistical Account of the British Empire:" "Smallpox attained its maximum after inoculation was introduced; this disease began to grow less fatal before vaccination was discovered." Thus smallpox, during the last few years of the last century, was trying hard to die out, and the inoculators were trying no less hard to stamp it in; and vaccination got the credit of a change with which it was indeed contemporary, although to that change it was never even contributory. But I may be exhorted by my critics to compare the behavior of other diseases if I would see the effect of vaccination on this particular one. I am willing to do so to any extent on one condition, that the diseases to be compared be fairly *comparable*. Smallpox is one of a great group of diseases, and for fair comparison we must remain within the limits of that group, making our comparison with other zymotic fevers and exanthemas.

And first, broadly, what of the diseases that have come and gone without vaccinal interference? Where is the "Black Death" now? What has become of the plague which in the past was wont to decimate the population of the old world? The dread typhus, which in the days of the Stuarts gave such terrible significance to the phrase "rot in gaol," is all but gone, though innocent of vaccinal expulsion. Let well-vaccinated Sheffield declare whether plague or cholera or typhus, from which we have no vaccinal protection, is more or less to be dreaded than that of smallpox against which its citizens are so well protected by vaccination. The decline of smallpox among diseases is not unique. Historical data declare that many other diseases have during the last hundred years progressively declined in nearly the same ratio as smallpox. I maintain therefore that the claims made in behalf of vaccination break down on all sides as soon as subjected to really impartial scrutiny. On the other hand the examples already cited of Indianapolis in this country, Leicester of England and numerous others where vaccination had been all but entirely neglected prove

beyond question that a community may be thoroughly protected against the spread of smallpox by sanitary measures, even though the disease be not infrequently introduced into the limits from the well-vaccinated districts around. Passing to the second part of my contention, I now affirm that the compulsion of vaccination is a crime; and I put my reasons for this conclusion in the comprehensive statement that the so-called justifications of it are false. As before, but still more briefly, I propose to state them as I find them urged by compulsionists, appending a few words of reply to each.

Justification I.—Endorsement by the Majority of the Medical Profession.—A little reflection cannot fail to make the fallacy of such an argument quite apparent. In the world of thought majorities count for nothing. Truth has always dwelt with the few. Even if the profession were *unanimous* in support of the claim for vaccination, what then? Unanimity of opinion could not establish the infallibility of the claim. Why? Because in the domain of thought great numbers count for naught, and it would not be the first time that a no less unanimous profession had been unanimously wrong. The doctors were unanimous once in the support of inoculation; and the very law that now enforces vaccination in England provides for a month's imprisonment for any physician who might now attempt to go back to the old orthodox faith. The profession was unanimous once about bleeding; and this unanimous blunder was erected into a fetich, and at its altars for centuries were sacrificed hecatombs of human victims.

But unanimity in regard to vaccination does not exist. The very reverse is true, and so far from the medical profession being unanimous on the subject of vaccination there can hardly be found a matter within the broad domain of medicine regarding which more numerous and more fundamental differences of opinion are to be found among its members. After a careful study of the subject, I venture, without fear of successful contradiction, to affirm that no proposition can be formulated with respect to the theory or practice of vaccination, but its direct contradictory can be quoted from pro-vaccinal medical works of equal authority. Let us see: In answer to the question, how many scars from insertions of lymph should be made on the child's arm? we find among authors of unimpeachable vaccinal orthodoxy that Drs. Brisdale and Lee say "one," Dr. Adams,

of Liverpool, says "two," Dr. Greenhalgh, of London, says "three," the Government Board of Great Britain demands four, Dr. Sandwith says "five," Dr. Martin, of Boston, says "five" on each arm (10), Dr. Debenham, of London, says "six," Dr. Curschmann, the great German authority, says "Six on each arm" (12), and Dr. Bond, of Gloucester, says "the more the better," thus recommending the "confluent" variety of the disease. Thus has vaccination progressed from the original single scratch of Jenner, which any old granny could make with a darning needle, up to an apotheosis of tattoo. How often must it be repeated to secure immunity? You can select any answer you please from the "once only" of the original Jenner up to the vaccination of Warlomont, who recommends a repetition of the operation every four months until no further result is obtained.

Dr William Jenner advises revaccination whenever there is an epidemic while Dr. Guy emphatically declares that vaccination during epidemics is worse than useless.

If you enquire as to the lymph to be used, you will once more let Babel loose. More than a dozen different varieties have been advocated by as many different authorities. The choice is ample; only remember that you must have the right one or it is no good at all.

The theories of the alleged protection, though not quite so numerous, are fully as internecine in their strife as the lymphs themselves. They are too numerous to mention here.

Justification, II.—"The Unvaccinated are a Public Danger—A Constant Menace to the Community.—It is held that if a man lived alone we might allow him to have smallpox at his pleasure, but that as we live in communities we cannot permit the unvaccinated to take a disease which they may communicate to others; and, therefore, we are forced to compel vaccination in self defense. To this I reply that no man can give away what he has not got. The unvaccinated must have smallpox before their having it can be a danger to any one else. And from where are they to get it? They must either, in each community, receive it from the vaccinated, or else, for that community, it must originate among their own class. But the recorded evidence is overwhelming that when smallpox attacks a community it does not commence with the unvaccinated.

When the great pandemic struck the town of Bonn, the first unvaccinated case to occur stood No. 42 in the chronological order of the cases. At Cologne the first unvaccinated case was No. 173. At Leignitz the first unvaccinated case was No. 224. In the outbreak at Bromley every person attacked had been vaccinated.

What is vaccination to do? Is it to protect or only to mitigate? If it is to protect, then how can the unvaccinated be a menace to those whose vaccination protects them from attack?

Whereas, if the claim is that it only mitigates, then so far as contagion is concerned one case of smallpox is like another, and the unmitigated, because unvaccinated, cases are neither more nor less a public danger than the vaccinally mitigated ones. This being necessarily so, the public has no more concern with my choosing to take my smallpox without mitigation than with taking my coffee without milk.

Vaccination is either good or bad. If good, its goodness removes the need if bad, its badness destroys the right of enforcement upon the unwilling. Not to mention the indubitable proofs on record of the vaccinal communication of syphilitic contagion and other terrible human contagia, it is a fact no longer disputed by competent authorities that vaccination has been the *causa vera* of thousands of deaths.

In the returns of the Registrar-General for England there is a regular permanent heading for "Deaths from Cowpox and Other Effects of Vaccination." The entry began in 1881, since which time there have been rendered, on the basis of death certificates signed by physicians, many hundreds of deaths. Such unjustifiable destruction of life by compelling people to submit to the outrage of having their children's bodies contaminated with the virus of a filthy disease is, in my opinion, nothing less than a crime.

In concluding this thesis I wish to state that after a careful review of the recorded evidence for and against the practice of vaccination, it seems to me that no honest and intelligent seeker after truth, who has given the subject careful attention and who has been able to divest his mind of prejudice and preference in weighing the evidence, can fail to be convinced that vaccination is a fallacy and its compulsion a crime.

## THE MARRIAGE RELATION.

Editor of HOMŒOPATHIC RECORDER.

Having carefully read Dr. Gleason's article (in the April number of the RECORDER), we can not let it pass without a few words of comment. The three articles preceding the April number have agreed, practically, with each other, but this one takes issue. Dr. Gleason's ideas are all right, but not practical, as we hope to show. The ideas are lofty, too lofty, in fact, for the common run of people.

He has placed before us a high ideal of what should constitute married life.

The spiritual side of married life has been made prominent, while the physical aspect has been almost totally ignored. If we were all spiritual beings this would be all well and good; but, if we mistake not, the majority of us are physical, grossly so, in fact.

It is impossible to estimate the amount of inconvenience and discomfort which we will have to endure before we reach the high ideal set before us.

We do not, however, wish to be understood as depreciating the high standard placed before us, but until that can be reached we must adopt other methods to palliate the condition.

Dr. Gleason says: "Teach the sacredness of marriage in a religious sense." Does he mean to totally ignore the physical side of the matter? If so (and we presume he does), we beg to differ. What, may we ask, is the chief object of marriage? Happiness of mankind? Possibly; but more probably, the propagation and perpetuation of the race, in a legitimate and decent manner. If this is the object can we divest it of its physical aspect? Surely not.

So interwoven is our physical with our higher, or so-called spiritual, nature, that to ignore the physical one must be as spiritual minded as Christ himself. Even some of the apostles did not ride above their physical natures. Without fear of contradiction, we are prepared to make the statement that, *constituted as we are, a perfect physical organization of both parties and a perfect physical adaptation contribute very largely to the higher (or spiritual) aspect of married life.*



We know of no one who advocates that the "sexual instinct shall be the incentive to marriage." On the other hand, all three of the preceding articles really advocate just the reverse.

Let us suppose the case of a couple who, after they were married, found one or the other sexually undeveloped. What man or woman is so spiritual as not to feel some degree of disappointment?

It is less than a month since a case came to our notice which illustrates this particular point. From a knowledge of the parties there is no doubt in our minds but the parties loved each other with a true spiritual affection, yet this couple, being sexually unadapted as they are, have somewhat of a struggle to overcome a certain amount of dissatisfaction. They live peaceably together, but at the same time the husband is disappointed and the wife has a perfect disgust. How much better if there was not this disturbing element.

Where you will find one couple who will endure you will find a thousand who will not. It would be grand, indeed, were we all so spiritually minded that we could overlook any or all of our physical discrepancies.

It seems to us if the spiritual love, which should be the incentive to marriage, can be combined with a perfect physical being (sexual and otherwise), and those perfect physical beings are *adapted* to each other, the sense of companionship would become grand; even sublime as the years go by. Dr. Heysinger touched the right chord (Page 11, January number): "Where the physiological structure were intact (and he probably meant more than that) the feeling of wifeness may and will be meliorated with passing years."

Dr. Gleason's idea is that there is ample opportunity to supply needed sexual knowledge after marriage. This may be possible, but we do not think it is as beneficial. It is better that some things be known before than after marriage.

The doctor would not have the young minds poisoned with sexual matters. We would like to ask Dr. Gleason if he would attempt to keep all sexual knowledge from the young? If such is his idea, the attempt will end in a miserable failure. The young think of sexual things long before we have any idea that such thoughts have entered their minds.

The poisoning comes not from correct teaching, but from vicious associates and impure conversation.

The only way to prevent contamination of the young minds



is by correct teaching, and this cannot be begun too early. Better a little good, wholesome instruction than the rotten stuff they now receive.

At one time there was a "sect" who regarded the body as vile and all conversation or thoughts tending in that direction (especially on sexual matters) as impure, and we suspect they are not all dead yet.

There would be just as much sense in keeping the young ignorant of the function of their stomachs or lungs as of their reproductive system. It is *ignorance* which leads to vice, not knowledge.

To be sure, it is not a subject for the parlor or drawingroom, but there is a proper time and place for such instruction to be given.

Parents neglect their children in this respect. How many girls know what the first menstruation means? It is simply astonishing how much ignorance there is among adults concerning things sexual.

Dr. Wood, (author of Wood's Gynæcology) has aptly said that "too often the girl is permitted to assume marital responsibilities while perfectly ignorant of them, and she is shocked at the role she is to play," and "the time is fast approaching when all educated mothers will realize that their full duty will not have been done until their daughters have received from them some knowledge bearing upon sexual hygiene and their sexual relation." Dr. Gleason makes the statement that "true love may run smoothly without sexual mating." The experiences of life do not go to prove such an unqualified statement. It is true, as the Doctor has said, that fornication is the only cause for divorce which is recognized by God. But what is the cause of so much fornication? In the March number of this journal we have tried to show some of the causes. And we still believe that were sexual mating more perfect fornication would be less frequent. In his closing remarks, the Doctor says that "the sexual function is not a necessity of life for either man or woman." We can not agree with this statement, and that the assertion is not true anyone can demonstrate who will make a little observation. That "the properties which pass into the consummation of conception become, by abstention, properties of high intellectual life" is yet a disputed point among our best physiologists.

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**OTITIS MEDIA PURULENTA.**

**A Study by the University Professor of Medicine, Dr.  
Rafael Molin, in Vienna.**

The disease called by the older clinical practitioners otitis interna, but by modern writers acute otitis media purulenta vel suppurativa, is a peculiar and insidious disease, by no means rare, especially among children. It is, however, hardly mentioned in the allopathic manuals of special pathology and therapeutics. So we find that neither Bock, in the last edition of his "*Medizinische Diagnostik*," and of his "*Pathological Anatomy*," nor Constatt, Leubuschek, Kunze, Billroth, or others, make any mention of the inflammation of the cavity of the tympanum. Niemeyer only remarks, that during the angina maligna in scarlatina the inflammation quite frequently extends through the eustachian tube to the tympanal cavity, producing an otitis interna, which leads to the perforation of the tympanum and often also to caries of the petrous part of the temporal bone. Only Professor Hermann Richter, in his "*Grundriss der inneren Klinik*," published twenty years ago, called the especial attention of practitioners to this malignant disease. Though the picture drawn by Richter of otitis interna is not quite in accordance with nature, I am, nevertheless, glad to be able to adduce his words, so as to show the more manifestly the use of this present study. This clinical practitioner of Dresden remarks: "The inflammation of the internal ear (otitis interna) is not only a frequent cause of encephalitis, but is also easily mistaken for it, especially in children and in patients who are unconscious. It begins with a deep seated pain on one side, accompanied by restlessness, insomnia, and frequently also by delirium, cramps and stupefaction. In such a case we should inquire as to previous pains in the ears and discharges from the ears, notice the fact that the patient lies on the affected side, mark his heat, and the redness of the concha; we should not omit the examination of the meatus auditorius and the cervical glands, or the percussion of the petrous bone. Usually the affected ear is deaf. At times paralysis of the facial nerves on the same side takes place. Later on there are symptoms of internal suppuration in the skull; at times this is attended with the ejec-

tion of the pus that flows down the eustachian tube, by means of coughing, hawking, etc. The treatment is the same as in meningitis."

From what has now been adduced, it may be seen that otitis media has not found much attention or favor with allopathic practitioners.

We cannot say the same of homœopathic practitioners. Although Kafka, in his "Homœopathic Therapeutics," mentions only scrofulous catarrh of the ears, omitting all other diseases of the ear, we find the old veteran, Hartmann, in his "Special Therapeutics," devoted two sections to otitis externa et interna. Hartmann remarks that otitis interna frequently has a cold for its exciting cause; but that it is also caused by the inflammation of adjacent organs, especially also by acute and chronic eruptions of the skin, and that it may also be one of the forms in which secondary syphilis manifests itself. He enumerates as pathognomica symptoms: A pain seated in the internal ear, of a violent burning, stinging, tearing, boring and throbbing nature, aggravated by the least motion, frequently spreading over the whole head, and even affecting the brain; frequently there is a complication with inflammation of the brain; there is an increased sensitiveness of the organ of hearing, with a roaring and rushing sound before the ears; intense fever and delirium, vomiting, cold extremities, great anguish, twitches, throbbing of the cervical and temporal arteries, etc. Hartmann mentions, besides, that this inflammation under allopathic treatment very easily passes into suppuration. Such an issue has never taken place under his treatment, though he has treated a number of very violent cases, and he does not think that suppuration is apt to take place under homœopathic treatment, if taken in time. This learned man praises *Pulsatilla* as a specific in otitis, when not complicated with cerebral symptoms; but when it is complicated he advises *Belladonna*.

Our classic author, Dr. Bernhard Baehr, draws almost the same picture of otitis interna, but calls especial attention to the fact that this disease has a special tendency to suppuration and spreads to the brain; that the disease of the brain thence resulting is a meningitis exceedingly rapid in its course, and is one of the most fatal disorders. But Baehr especially emphasizes the following: "The issue of inflammation of the ears may in the most favorable cases be complete recovery, but this is rare

enough, for disturbances in the function of the meatus auditorius usually remain, which too often manifest themselves as total deafness. If pus forms, we must consider ourselves lucky, if this finds an external vent, even if this should cause a long-continued destruction of the tympanum and tedious discharges from the ears." As to the therapy, Baehr quotes verbally the advice of Hartmann, but recommends in addition the use of *Mercury* in a syphilitic diathesis and of *Hepar sulphuris* in scrofulous persons, *Arsenicum* in a sudden collapse with a cadaverously smelling, ichorous suppuration, *Phosphorus* in pyæmia, as well as other accessory remedies.

According to the statements of Hartmann and Baehr, the diagnosis of otitis interna, or, to speak more accurately, of otitis media acuta, ought to offer no difficulties. Both of these authors, indeed, agree as to the presence of the deep-seated pain in the ear, which even when obscured by the pain in the brain lasts from the beginning to the end of the disease. Nevertheless, as will appear from my clinic experience, I hardly ever found this symptom present. I, therefore, examined the books treating especially of the diseases of the ear. I do not wish to say anything about the therapeutics of the ear specialists, for that neither suits us nor the patients. But I was not even satisfied with the semiotics of these gentlemen.

Doctor Gustav von Gall, *e. g.*, gives the greatest importance to the violent deep seated pain in the ear, which is aggravated by chewing, blowing the nose, coughing and similar motions. It is true, indeed, that he at the same time mentions violent humming, or noises in the ears, hardness of hearing, sensitiveness to noise, and vertigo, the eyes suffused and sensitive to the light, the side of the face œdematous, and the outer ear in the later stage red and even painful. But what value is there to these symptoms at the sick-bed, when they are hardly ever present? Gall, indeed, also tells us very eloquently that, according to the statement of Schwarz, the children suffering from otitis are restless in their sleep and often awake with a scream; that rocking and swinging aggravate their pains, and causes their moaning to turn into screaming; that, if they are over a year old, they bore into the pillow with the affected side of their head, or press it against the shoulder of the nurse who carries them; that every change of position is extremely disagreeable to them, and they toss their head about until they find a support for the side of the

head that is affected ; that sucking is more difficult for the baby than swallowing, so that the sucklings frequently push the nipple away and scream and become emaciated if the food is not given them in a spoon, and that at times they seize their ears and bore in them with their finger. But all this will not enable us to make a clear, exclusive diagnosis, such as the school of Skoda has introduced into the practice of medicine. Even Gall himself acknowledges that otitis media is a disease chiefly peculiar to children, and that it is easily mistaken in them for inflammation of the brain.

Professor Gruber lightly passes over the semiotics of this disease, and gives as the chief symptom the well-known pain, and one or more chills, hardness of hearing, and noise in the ears ; but he lays stress on the fact that patients frequently from the very beginning of the disease lie in a torpor, and readily pass into light and even into furious delirium, or even pass into a coma. But he makes the important observation that, "in spite of the great danger which in such a disease threatens the life of the patients, and while it is a disease occurring rather frequently, it is extremely rare to see it taking a fatal termination."

In the extensive manual of diseases of the ear, by Prof. von Troeltsch, Leipzig, 1873, this disease is treated, indeed, more in extenso, but not more clearly than by Gall. Von Troeltsch distinguishes according to the underlying pathologic cause two kinds of inflammation of the cavity of the tympanum ; the one, the simple acute catarrh, also called the mucous catarrh, and the acute purulent catarrh—the otitis media. He states that the mucous catarrh is developed chiefly during changes in the weather, in consequence of colds, especially with persons suffering from chronic catarrh of the ears, or with syphilitic individuals ; so also with individuals who are prone to affections of the mucous membranes ; so also that the violent forms of this disease are localized by preference on one side, but that the other ear is hardly ever free from the trouble. According to him the most important symptoms are : Constant hardness of hearing, sometimes deafness, sometimes a sensation of heaviness and pressure in the ears. Frequently in the first stage of the disease there are sometimes variable pains, sometimes nocturnal, sometimes constant pains, lasting even for a whole week, intense tearing pains which are aggravated whenever the patient swallows or hawks up ; constant sounds in the ears, as continuous singing,

hammering and beating; in more violent cases a troublesome heaviness of the whole head, often vertigo returning even in bed, finally febrile symptoms, which may at times be so much aggravated that acute catarrh of the ears not infrequently misleads physicians, being taken for meningitis or irritation of the brain. Then Prof. Troeltsch says verbatim: "Especially with children acute catarrh of the ear is distinguished only with difficulty from congestive states of the brain, and from anatomical observations I think it very likely that especially the suppurative catarrh of the ear occurs very frequently in the infantile age, and that its symptoms are very frequently differently explained."

If I add that this Professor of Wuerzburg asserts that the external meatus auditorius usually shows no symptom of the disease, and that the essential disclosure as to the seat of the disease is given by the results of the air-douche, I have conscientiously reported everything said by Troeltsch respecting the semiotics of the simple catarrh of the ears.

Concerning the suppurative catarrh of the ears, Troeltsch says that this is developed as a complication in dyscrasic diseases; or in persons inclined to suppuration, it is developed in unfavorable conditions from the mucous catarrh of the ear; but with children it is idiopathic. He says further that the symptoms are the same as in simple catarrh, only more violent, but that there are also cases where such an abscess in the tympanal cavity, without any pain and without any fever, has led to a perforation of the tympanum; and he emphasizes the fact: "What we have before remarked as to a possible and indeed frequently occurring mistaking of the simple acute catarrh for an affection of the brain and its coverings applies in a greater degree to this form of the disease, which is always conjoined with a considerable hyperæmia of the dura mater lying above the petrous bone, and with a corresponding reflex action on the sensorium; especially since in such a general disease of the individual the attention will not be directed to the ear, as long as this is not yet suppurating; especially if the patient is in a delirium and sopor, and thus not himself able to give an account of his sensations."

As to the progression of this disease, Gall states that the inflammation proceeds in most cases to suppuration, during which the pain is aggravated to the most furious degree, and within two or more days there is a discharge of pus mixed with blood through the torn membrana tympani, with a loss of the ossicles

of the ear and chronic deafness, unless in a higher degree of the disease and with a complication of the brain death ensues on the fourth, seventh or eleventh day with slight moanings and sopor or attacks of twitchings. Troeltsch says that the usual issue of otitis media is the rupture of the tympanum, and the most violent and dangerous forms of the disease are those in which the thickened tympanum resists the rupture by the abscess, and the inflammation, spreading to the meninges or the brain, quickly terminates fatally.

I should consider this critico-historical part as incomplete if I should not add that Schwarze, in the post-mortem examination of five new-born babes, found in two of them the tympanal cavity filled with pus; that Wreden, in examining the auditory organs of eighty infants from twelve hours to fourteen months old, found in thirty cases the suppurative catarrh; Bruner, in three new-born infants and in three infants less than five weeks old, found in each case either the suppurative or the mucous catarrh; Troeltsch finally in examining forty-nine petrous bones, belonging to twenty individuals, found in twenty nine cases belonging to fifteen infants, less than one year old in most of the cases, suppurative catarrh of the typanal cavity.

Now I may be allowed the question: Who can find his way out of this labyrinth? A distinguished physician for the ear represents to us the otitis media as being a disease without danger, other physicians for the ear, who are just as skillful, describe it as suddenly fatal, drawing after it not unfrequently the loss of the ossicles of the ear and deafness; nearly all of them present as a pathognomic symptom the pain, which, nevertheless, is very frequently lacking, or which is only found for a very brief time in the beginning of the disease; no one of these teachers tells us plainly whether it only seizes on one cavity of the tympanum or on both at the same time. The diagnose is founded by all of them on subjective symptoms, which, considering the infantile age and soporous condition of the patients, cannot be found out, or they teach us to depend on the auricular mirror or the douche, which will generally afford us no information, or the use of which if they could afford us any information is not permitted by the state of the patients.

I hope that this evidently defective information concerning otitis media purulenta will be considered as a justification of the necessity of this study, even more than the picture drawn by Richter.



## II.

## Clinical Experience.

Of the many cases of this disease which I had an opportunity of observing, I shall only describe three in detail.

1. It is now nearly thirty years since I had my first opportunity, while a student, of studying otitis media purulenta. It was at the time of the long autumn vacation, which I spent in the environs of Vienna with the family in which I was employed as tutor. At that time the sanitary cause in that vicinity was represented by a single country surgeon, who did not infuse any particular confidence even in the peasants there. In the family with which I lived there was a merry little boy of four years, who was my pet, and who was merrily playing with me one evening before going to sleep. After midnight I was suddenly awakened with the request to look at the little boy for a minute, as he was restless in his sleep and showed an intense heat.

I see his image before me even at this day. The facts were just as they had been related to me. The boy kept changing his position in his sleep, as if he could find no rest, but he would remain longest lying on his back; he would scream at times in his sleep; he would now and then twitch first with his hands, then with his feet, but would always keep his eyes shut; his skin was intensely red, burning hot and dry; the belly was not contracted, the pulse showed 120 beats, the heart beat was very strong, the respiration quickened. Being asked what ailed him, the child gave no answer. I ordered leaven applied to his feet and compresses on his head. After a little while his restlessness decreased. The next day the boy waked up, showed much thirst, but did not complain of any pain. The tongue was moist, only at its base slightly coated with a grey substance; the face was bloated; the eyes were without lustre, sensitive to the light; there was no appetite at all, the remaining symptoms were unchanged. The surgeon who was called declared it was incipient typhoid fever, and wished to give him calomel. But I suggested that as the disease had not yet broken out it might be better first to moderate the fever by *Digitalis*. He consented, and gave every two hours one-eighth of a grain of powdered *Digitalis*. This remedy suppressed the pulse and moderated the heat; but the remaining symptoms remained unchanged. It was odd that the lively boy never desired to get up, that he was



peevish and even showed aversion to clear beef-booth, played quietly and silently for many hours of the day, sitting up in bed; but most of the time he lay moaning in a stupor on his back.. The urine was red, the stools normal. On the third or fourth day I thought I understood the state of the patient; I called the disease meningitis, while the surgeon was still awaiting the typhoid fever; and I had much trouble every day to preserve the child from calomel, to which I had an instinctive aversion, and to keep him true to *Digitalis*. With the exception that the boy perspired for many hours profusely on his head, especially in his sleep, that his skin became paler, and now and then showed some moisture, the symptoms dragged along in the manner above described till the eighth day. On the evening of the eighth day the boy commenced suddenly to weep and to scream, and complained of stitches in his right ear. We tried to quiet the child; but he continued to weep, and would continually lie on his painful ear, when he soon fell asleep. The night was much more quiet than the former ones, and next morning the pillow on which the patient had lain was found stained with purulent, bloody spots and on the right ear we found traces of a discharge. On the ninth day the boy was much more cheerful, had less fever, hardly any thirst, but also no appetite at all. At the same hour as on the previous day the patient again began to weep and complain of stitches in the left ear. He wept until soon after he went to sleep, lying on the ear affected, and after a quiet night the freshly covered pillow was found soiled as on the previous night with stains of pus and blood. Scarcely had the child waked up on the tenth morning, when he demanded food and would not stay in bed any longer. The left ear was stained from the discharge, but every trace of the disease had suddenly vanished; his hearing was not injured in the least. I thought then that the meningitis had thus discharged its secretion; for I was far from supposing an abscess in the ear—but at this day I am of a different opinion.

2. In the winter of the year 1870 I was invited to a card-party at the house of a friend, whose domestic physician I was. After ten o'clock at night the son of my friend, a very talented boy of five years, who had passed the preceding summer through typhoid fever, woke up with dreadful pains in the right ear. The pulse was normal, and as I thought it was simple earache I gave a drop of *Oleum hyoscyami* on cotton and put it in his

ear. The pain soon abated, and the boy fell asleep. Next morning early I was called to see the same patient. The night had been a restless one; fever with headache, an intense dry heat and violent thirst had appeared. When I saw the patient I found him in a semi-stupor, lying on his back, his face bloated, the eyes lustreless, the white of the eye slightly reddened, the pupil normal, the tongue moist, slightly coated with white, the respiration normal, the abdomen slightly distended and unyielding, the temperature higher, the heart-beat stronger than in the physiological state, the pulse 140. The patient lay there apathetic, moaning, as if he could hardly breathe, complained of pressure in the whole head, which did not allow him to keep his eyes open, of general languor and inextinguishable thirst. On sitting up, he became dizzy. Nothing abnormal was to be seen on the ears; the earache of the previous night had disappeared. I ordered *Belladonna* internally, cold compresses on the head, and weak lemonade to drink. In this state the day and the next night, which was very restless, passed away. When questioned by the parents as to the disease, I said that there was a (probably double) abscess of the ears; that if the symptoms were not aggravated there was a probability of his being saved, but that this could only be if the abscesses discharged outwardly. . Early on the second day epistaxis appeared, which, however, did not relieve the child. The patient was still weaker on this day. The alarmed parents demanded a consultation. On the evening of the same day I had a consultation with a renowned children's physician. He diagnosed the disease as typhoid fever, he declared that the bleeding at the nose signified that the disintegration of the blood had already begun, and he ordered *Arsenicum*. All my observations could not shake my colleague in his conviction. As our consultation had taken place in the presence of the parents, I was certainly in no enviable position. Luckily, when my colleague had retired, the parents asked me whether I agreed with the therapy of my colleague. Since the collapse had taken place suddenly, I replied that I should use the remedy ordered by him but that I expected the cure to take place through the discharge of the abscesses on the eighth or the fourteenth day.

I may be asked how I dared to make such a bold diagnosis and prognosis? I must answer that I had had before this some similar cases, and that the description of the disease, which I

shall give below, will easily enable us to make an exclusive diagnosis of this disorder. On the use of *Arsenicum* the pulse fell to 100-90, the head became a little freer, the heat abated. The other symptoms remained unchanged. Except a slight hardness of hearing there was no change in the auditory organ. The eighth day, or rather the eighth night, which I had so ardently wished for, passed without causing the slightest change in the progress of the disease. I waited undismayed. On the evening of the fourteenth day I purposely visited my patient. About 9 o'clock he suddenly commenced to weep on account of very intense pains in the right ear. The parents asked me, despairingly, "what they should do?" "Nothing," I answered, "this is the cure." And, in fact, the boy instinctively lay on his affected ear, fell asleep soon afterward, and next morning his pillow was found soiled with the well-known pus and blood. The pulse had sunk to 86 beats, the temperature of the skin was normal, the head clear, the thirst hardly increased, the other symptoms unchanged. "To-morrow the boy will get up," I told the parents. And, actually, next day when I visited my patient I found him sitting up cheerfully in his bed and tormented with hunger. They showed me the second pillow, soiled by the discharge from the other ear. This latter discharge was not preceded by any pain. After a few days I made Valsalva's test with the boy. Both the tympanums were untouched.

3. On the 27th of October, 1874, I was called to see a little girl two and a half years old, of slight built, blonde, but mentally of unusual development; I had been for a long time before the domestic physician of the family. The child had passed through several mostly severe diseases. When I had her first under my charge she had the dropsy, owing to the measles.

This time I found my little patient in bed. The head was very hot, the face bloated, the eyes weary, the tongue coated white; in the right lung there was a slight bronchial catarrh; the abdomen was slightly distended and rumbled when pressed upon; the skin was burning hot and dry, the pulse 120. The child had had severe diarrhœa for several days, but without fever, and had been up all the time, and indeed as mischievous as a little Satan, to use her mother's expression. In the previous night the diarrhœa had increased, there was fever, the patient slept very little, indeed, she was really only lying down and dreadfully

tormented with thirst. The stools were very thin and of yellow color. I diagnosed an intestinal catarrh and gave five drops of the 3d dilution of *Rhus* in half a pint of water, every two hours a teaspoonful. The fever soon moderated, as also the heat, the tongue became clean except the bottom of it, which remained coated and of a leaden color; the diarrhoea diminished, and on the fourth day there was a formed stool. It was contrary to expectation, that the fever, though weak, still continued; that the child showed aversion to all food, had much thirst, passed her nights uneasily and almost without sleep, had no desire to get up, and on the fifth day while coughing, vomited up a large quantity of a clear yellowish-green fluid. A physical examination showed a catarrh of great extension in the right lung. I gave *Ipecacuanha* x3 in the same form as the *Rhus*. The vomiting was not repeated, but the other symptoms remained unchanged on the seventh day. In the left lung a rattling sound as from small bubbles could be heard. I would have given *Tartarus*, but as I feared the secondary action of this remedy on the intestinal canal which had only just been healed I gave *Phosphorus* 6. On the eighth day the disease showed the following image: In the forenoon till about 11 o'clock the child was cheerful and merry, and she played, sitting in her bed; then she gave up her playthings, quietly lay down on her back, and at once, as if by command, a severe fever developed, she lay as in a stupor, groaned, and her limbs twitched now and then, she was slightly delirious and in this state she perspired profusely on her occiput, while the rest of her skin was dry and burning hot. To take her medicine the little girl had to be roused from the sofa by shaking her. Toward seven o'clock in the evening the fever abated. The patient waked up, became merry and actually romped around in the bed with her brothers and sisters. So she carried on till 11 o'clock at night; but from that time on there was a more severe fever, at times she lay there in a stupor, then she tossed about restlessly, with an unquenchable thirst, in a word, with all the symptoms of the forenoon. This complex of symptoms, which was out of all proportion with the slight bronchial catarrh, excited in me a suspicion that an affection of the meninges was being developed in the patient. I determined, therefore, on the 9th day, to order *Belladonna* x3 in liquid form. Through the action of this remedy the child on the 11th day was altogether free from fever,

bright, but very pale, and did not complain of anything. The other symptoms had all disappeared, except that the bottom of the tongue remained coated, so also the total lack of appetite, the restless nights, the thirst, and the desire of remaining in bed still remained. The urine, which before this was only of a deeper color, on the ninth and tenth days looked like weak coffee with milk, and in a short time deposited a considerable sediment; but on the eleventh day it became normal. I stopped the *Belladonna*, and as the slight bronchial catarrh still continued I again gave *Phosphorus*. On the 12th day till about 10 o'clock in the morning no change had occurred in the state of my patient. I found her at this hour in her bed, bright, but playing silently and quietly in her bed. Suddenly, before my eyes, the child put away her playthings, laid herself on her back, closed her eyes, fell into a fever, and on her cheeks, white like chalk, there appeared two dark-red spots, near the zygoma and about as large as those bones. When I observed the child groaning in her stupor with slight twitches of the limbs I asked myself: What is really the matter with the child? \* \* \* When I thought of her condition, a suspicion flashed through my mind like lightning. I had the child carried to the window, with my right hand I closed her nostrils so that she had to open her mouth, I placed my left index in her mouth and cast a glance at the velum palati. The fauces were inflamed. Now I knew what was the matter with the child. I ordered the *Phosphorus* discontinued, commenced again with the *Belladonna* and promised the mother a crisis of the disease on the night from the 14th to the 15th day. On the 13th day the urine looked again as on the 9th day, the fever had entirely disappeared; in a word, no morbid symptom could be perceived, except the restless nights, lack of appetite and thirst. On the evening of the 14th day the child, which, though without fever, was peevish, for the first time lay on her right side and fell asleep. The mother told me on the 15th day that the previous night had been the first quiet night, and showed me on the pillow the well known spots of pus and blood and the dried-up traces of the discharge on the right concha. The thirst had disappeared, as well as the bronchial catarrh; only the urine remained turbid and the lack of appetite continued. I continued with *Belladonna*, and told the mother to-morrow we will be through. And, in fact, during the night the abscess in the left ear opened, and on the morning of the 16th

day the child rose up, perfectly cured. Her hearing had not been impaired in the least.

### III.

#### Image of the Disease, and Differential Diagnosis.

Acute otitis media purulenta vel suppurativa is an inflammation of the mucous membrane of the cavity of the tympanum with the deposit of a purulent exudation (the formation of an abscess). It appears as a complication of other diseases, especially of dyscrasic processes, or, idiopathically, in consequence of a cold. In the latter case it usually attacks both ears at the same time, and is chiefly found in children. It begins with a fever, which in the beginning has the characteristic of catarrhal fever, and is not infrequently introduced by a febrile rigor, either with or without a deep-seated pain in the auditory organ. The pain at times becomes persistent, and in this case is aggravated at every motion of the head, and at every motion in chewing and in swallowing; sometimes it passes away in a short time, even in a quarter of an hour. The fever increases in a short time, sometimes after a few hours. The pulse has 120 to 140 beats; the skin is burning hot and dry, the face is bloated, the eyes without lustre; the tongue is moist, clean or hardly coated on its bottom, but with this there is a total lack of appetite and violent, tormenting thirst; the velum palati is hyperæmic, the abdomen not indrawn; the urine reddish, and all this is accompanied with the symptoms of cerebral irritation familiar to all physicians. If the disease takes a favorable course, or is checked, the fever moderates in a few days, pulse sinks to 100 or even to 90, the skin becomes more moist, perspiration sets in, the urine leaves a sediment, while the other symptoms remain unchanged. The hyperæmia of the velum palati, the lack of appetite, the thirst, the general lassitude, the sadness and restless sleep especially remaining changed. Only by well chosen remedies the whole complex of symptoms, with the exception of the hyperæmia of the fauces, the lack of appetite and the lassitude, can be made to disappear. On the 8th day, but sometimes not before the 14th day, the abscess during the night disrupts the tympanum on its upper and posterior part in the region of the membrana floccida shrapnelli, and through the aperture thus made a purulent, bloody fluid is discharged by drops. The disruption of the tympanum sometimes takes place with a sudden, very violent

pain in the ear, which, however, is of short duration; sometimes it comes unperceived. The process is repeated the following night in the other ear. As soon as the pus is discharged the torn borders of the tympanum close together and are soldered up. No perforation remains. Very rarely the ossicles of the bone are ejected with the pus, and then perforation and deafness remain. It is peculiar to this disease that the inflammation of the eustachian tube is the last to yield, and on this account it remains impassable for a long time, so that the pus cannot flow out through it.

In an unfavorable course of the disease the inflammation of the mucous membrane of the cavity of the tympanum is communicated through the fissura petroso-squamosa by means of the arteria meningea media to the dura mater and meningitis is then added to the otitis media purulenta. This dreadful complication soon becomes manifest by the addition of the symptoms of cerebral pressure, especially by the sudden sinking of the pulse below its normal. In such a case death usually shortly supervenes.

Otitis chronica is seldom a consequence of the acute otitis, and when it occurs it is a sign of the caries of the petrous bone. Acute otitis media purulenta may easily be mistaken for typhoid fever and meningitis, especially when it appears with a febrile rigor and without pain. From typhoid fever it may at this day easily be distinguished by the well-known law of temperature in typhoid fever; from meningitis it may be distinguished in the beginning by the hyperæmia of the fauces, later on and, indeed, after the third day, by the above-mentioned hyperæmia and also by the absence of the symptoms of torpor of the brain. Even in cases where the child, being still too young, does not permit the examination of the fauces, there remains after the third day the absence of the symptoms of torpor of the brain to establish the differential diagnosis. This is the *first point* in this indelectable work.

#### IV.

#### Prognosis.

The prognosis of acute otitis media purulenta is in general favorable. But the careful physician must always keep in view, not only a possible complication, but also a possible deafness and caries and he must therefore be cautious in his dictum.



## V.

## Therapy.

We have two excellent remedies to encounter this disease, namely, *Belladonna* and *Arsenicum*. *Belladonna*, if used in good time, limits the inflammation, keeps it from spreading, tames the fever, and thereby saves the strength of the patient. How does *Belladonna* effect this? In Hahnemann's *Materia Medica Pura* we find symptoms 44 (English edit., S. 319): "Tearing downwards in the inner and outer ear." Symptom 52 (Engl. ed., 333): "Stitches in the inner ear, with impaired hearing in it." S. 101 (E. ed., 556): "Long continued repugnance to food." S. 102 (E. ed., 557): "No appetite for food, he loaths everything." S. 304 (E. ed., 1108): "General weakness." S. 310 (E. ed., 1164): "Sleeplessness." S. 315 (E. ed., 1126): "Before midnight restless sleep; the child tosses about, kicks and speaks crossly in his sleep." S. 327 (E. ed., 1191): "At night much thirst." S. 348 (E. ed., 1194): "Great thirst." S. 369 (E. ed., 1317): "Frequent groaning without being able to tell why, or what pain makes him do so." S. 371 (E. ed., 1319): "Grunting and groaning in sleep," etc. Do we not see in these symptoms the image of the disease we have described? \* \* \* Noack and Trinks have listed the following characteristics with *Belladonna* in their *Arzneimittellehre*: "General great weakness of the whole body; subsultus tendinum; twitching in the limbs; inflammation of the mucous membranes; sopor; insomnia; very restless sleep; muttering, singing, loud talking in sleep; hot fever with convulsions; fever with violent, anxious, very troublesome thirst; vertigo; ebullitions of blood to the head; otitis; stitches from the upper jaw into the internal ear; ringing and roaring in the ears; deafness as if a skin was extended before the ears; *intensely red mucous membrane of the fauces and tonsils*; entire absence of appetite; long continued aversion to food; unquenchable thirst, etc.

Here we have a still more complete picture of this disease; yea, we might say, if ever the law of similia was applicable, it is suitable in this case. This to quiet the conscience of those who content themselves with the theory of Hahnemann. In these latter days, however, pathological anatomy teaches us to view diseases not as a complex of symptoms (of course, not always, as, *e. g.*, for intermitting fever), but to consider the



symptoms as the expression, or rather as the consequence, of a change in the texture in the organism, for it declares: "Where there is no material change, there is no symptom." This conclusion applied to our case means: Otitis interna purulenta does not consist of the complex of the symptoms described, but the symptoms are caused by the inflammatory process; they are really the consequence of the inflammation of the mucous membrane of the cavity of the tympanum. According to this conception, *Belladonna* is the specific remedy, not because it excites in the healthy organism the symptoms of otitis, but because it causes a real otitis in the healthy organism. Now is this the case? \* \* \* I assert: Yes. We do not indeed find enrolled amid the symptoms of *Belladonna* "otitis media purulenta," but the cause of this is that our Pharmacodynamics has not yet been reconstructed in this sense, in which my friend, Professor Hausmann, has instituted his investigations as to the effects of remedies, namely, as to their causing pathologic changes. But from the complex of the *Belladonna* symptoms, and from the nature of the ear symptoms which *Belladonna* causes to disappear, we can conclude that this remedy causes acute otitis media purulenta in the healthy organism. In my practice of many years I have cured very many cases of impaired hearing, roaring in the ears and pains in the ears by *Belladonna*. But what cases were these? I would call especial attention to the fact that these were only such cases in which an acute or chronic catarrh of the fauces was present. But what does the catarrh of the fauces here signify? It signifies a catarrh of the eustachian tube and of the cavity of the tympanum. But are not these pathological changes produced by *Belladonna*? Once more: It is not because the symptoms of *Belladonna* cover the symptoms of otitis that *Belladonna* cures otitis, but because *Belladonna* produces otitis in the healthy organism. And this constitutes *the second point* in this study.

Pathological anatomy proves the correctness of this homœopathic doctrine. That *Belladonna* does not lose its indication as the specific remedy even when this otitis is complicated with meningitis may be seen from the post-mortem examinations on the effects of *Belladonna* as reported in our Pharmacodynamics: "In animals, slight injection of the pia mater, congestion of the veins on the surface of the brain, redness of the corpora quadrigemina and of the lobes of the brain; in men the brain, which

begins to be putrid, is red, turgid, with blood in all the blood-vessels; there is an accumulation of black, thinly-fluid blood in the receptacles of the dura mater, pia mater and of the substance of the brain \* \* \*."

As to *Arsenicum*, what homœopath is ignorant of the general indications of this, our chief remedy? But its special use in otitis media purulenta is indicated by the following medicinal symptoms: Roaring in the ears, especially at every fit of pain, ringing in the whole head, deafness and obstruction of the ears when swallowing, hardness of hearing as from obstruction of the ears; \* \* \* inflammation of the palate, internal inflammation and swelling of the throat," \* \* \* and among the effects as found by post-mortem examinations: "Inflammation of the meninges."

Homœopaths may therefore confidently encounter otitis media purulenta. Its diagnosis has for us lost its ambiguity, even without auricular mirrors and the air douche. We have specific remedies with which to meet this disease and, indeed, such as have stood the fiery trial of pathological anatomy.

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## STOMACH-COUGH.

Translated for the HOMŒOPATHIC RECORDER from *Medizin. Monatshefte fuer Hom.*

When cough is mentioned we are accustomed to think of some morbid symptom of the lungs or the respiratory organs in general, and to many of our readers the superscription of our article may look strange. As indicated by the name, stomach-cough is a peculiar cough which either proceeds directly from the stomach or in which the stomach is at least drawn into sympathetic disorder, and has a more or less prominent part, as it, so to say, loosens the cough. This morbid symptom is chiefly noticed in old people.

What is properly called stomach cough may be caused by the fact that the stomach, in a catarrhal process, produces an excessive quantity of mucus, which then penetrates also in an upward direction even into the pharynx and the parts surrounding the larynx, and through the irritation caused there produces a cough with more or less expectoration of mucus, or, again, may appear as a purely nervous stomach symptom. In

either case we must consider the stomach, which in the former case endeavors to eliminate the accumulated mucus as the starting point and the cause.

When a diseased stomach imperfectly digests, the blood then, in consequence, catarrhal substances pass into the blood and the entire stream of fluids, and when this is impregnated to a certain degree with these morbid products these are deposited in the most various and even the most distant organs and the whole organism may thence be brought into a mucous state which may be best described as a "universal catarrh." Usually, however, and in most cases, the respiratory channels are implicated, and thus their catarrhal state is complicated with an ailment of the stomach, and these are the relation of cause and effect.

Then, again, an independent pulmonic affection (catarrh, consumption, etc.) may particularly act upon the stomach and come into closer relation with its functions, so that cough arises *as soon as a man eats or drinks anything*. This may be explained from the closeness of the relation of the lungs and the stomach, which are in direct communication through one and the same nerve (the nervous vagus). In this case the stomach only suffers by sympathy, and the stomach-cough arising thence is only a sympathetic symptom, the origin of which is not to be sought in the stomach. The intimate connection of these two highly important organs, and their very close mutual relationship, may be seen most drastically also in other cases, as in the severe disturbances of digestion which precede and attend pulmonary consumption like a shadow, as also the violent symptoms of nausea peculiar to many forms of influenza.

Finally a stomach-cough may be caused by the simultaneous disease of both the organs involved, when it will prove all the more stubborn.

The stomach-cough may become a most troublesome symptom, and thence call for a speedy remedy.

We shall now shortly adduce the homœopathic remedies which we have found efficient. The potency used was in all cases the 3d decimal.

*Bismuth nitr.*, especially in the stomach-cough proper, *i. e.*, one originating in the stomach. This is the chief remedy in a cough appearing after eating and drinking. The prescription in such a case is always: take a dose as soon as the cough begins!

*Pulsatilla*.—Cough with much expectoration of yellow mucus

with a bitter taste. This ought to be tried especially when the preceding remedy has proved ineffectual. The power of loosening the mucus is in general to be regarded as the fundamental effect of *Pulsatilla*.

*Manganum carb.*—Catarrhal cough at night and after eating and drinking; a very important remedy.

*Thuja*.—Cough immediately after eating and drinking.

*Phytolacca decandra*.—Retching cough, vomiting and stomach-cough.

*Ant. tartar.*—Chronic mucous state of the chest and suffocating catarrh with old people; stomach cough.

*Lycopodium*.—Cough after eating and drinking; it acts on the stomach and the lungs, especially in nascent pulmonary consumption (catarrh in the tips of the lungs), and in advanced tuberculosis.

*Senega*.—Affections of the lungs with stomach-cough.

*Calcarea hypophosphorica*.—If the chronic pulmonary catarrh assumes a malignant character, with a pronounced tendency to consumption, and *Phosphorous* and *Arsenicum* have proved insufficient, then *Calc. hypophos*, 2-3d trit. is indicated by the following symptoms: Violent attacks of coughing (without expectoration) *at night*; intolerable *cough after eating and drinking*, constant, noisy eructation of air, entire lack of appetite, catarrh of the stomach with tongue *coated white*, tendency to *diarrhæa* (leading symptom), *bluish white blisters* on the lips and in the corners of the mouth, increased pulse with fever (leading symptom), appearing suddenly owing to taking cold. After frequently repeated doses there will soon follow the expectoration of large masses of mucus or vomiting of mucus, with immediate relief and general improvement. (See "The Cure of Pulmonary Consumption," p. 19, by Ad. Alf. Michaelis.)

As stomach cough has not been specially treated of in homœopathic literature, these statements will probably satisfy a want.

"*Sticta Pulmonaria* is of homœopathic origin, and is one in which the late Prof. Scudder had great faith. The chief indication upon which he based its prescription was pain in the back and shoulders, extending up through the neck to the back of the head. No matter what the disease, when this particular pain is present, *sticta* is the remedy. We find it peculiarly ap-

plicable to many cases of rheumatism, to bad colds, and to chest troubles. It is one of the remedies we *always* consider when about to prescribe for *cough*. It is especially effective in many cases of chronic cough. Prof. Webster places particular stress upon its value as a remedy when the cough is dry, rasping, wheezing, persistent; especially in the hay fever cough so common in many parts of the country in July and August."—*Eclectic Medical Journal*.

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### HEDEOMA PULEGIOIDES.

The following case of poisoning with "pennyroyal" is reported by Dr. H. W. Kimball, of Providence, R. I., in the *Atlantic Medical Weekly* of May 14, 1898:

"On the morning of September 4, 1897, shortly after one o'clock, I was called in great haste to see a woman said to be dying."

"When I arrived at the house I found Mrs. B., twenty-three years of age, lying upon the bed unconscious and rigid. Eyes were tightly closed, and when forced open pupils were closely contracted and would not respond to light. Jaws firmly shut, hands closed, fingers over the thumb. Respiration slow and shallow, pulse weak, thready and rapid, temperature normal, skin cold and covered with perspiration; general state of collapse."

"As I approached the bed patient had a general convulsion, tonic in character. There was a strong odor of pennyroyal all over the house, so strong that it could be plainly smelled as soon as the outside door was opened."

"On making some inquiries of the husband I learned that his wife had gone some two weeks over her usual menstrual period, and fearing that she was pregnant had, upon the advice of a neighbor, taken some oil of pennyroyal upon retiring. The bottle that had contained the oil was shown me, an ordinary 3ij bottle, with the druggist's label upon it; I was told that it was one-half full, and that she had taken the whole of it at about 10 P. M., first having soaked her feet, and gone to bed."

"The next the husband knew was that he suddenly awakened and found his wife vomiting and unconscious; the vomiting was shortly followed by convulsions. He, being unable to arouse her, sent for me, and I found her in the condition I have described."

"I immediately injected one-tenth grain *Apo morphia*, hypodermatically, following this by *Strych. sulph.* one sixtieth grain, and repeating the *Strychnia* in about twenty minutes. Before the *Strychnia* was injected the pulse was failing, but soon began to improve. I then, at short intervals, injected syringefuls of whiskey under the skin. The patient vomited several times as a result of the *Apo-morphia*, but had only one convulsion while I was there. Her condition improving, and at 6.30 A. M., her pulse was of good volume and much slower, pupils reacting to light, and she would swallow whatever liquid that was placed in her mouth and evinced pain when the hypodermic was used. She was still unconscious, however, but was improving so rapidly that I went home, after telling the family that I thought she would come out all right."

From this on the patient made good recovery, but whether the woman accomplished her object or not Dr. Kimball could not say as she moved away from the city soon after.

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### EUONYMUS ATROPURPUREUS.

"Country Doctor" treats of this remedy, *Euonymus atrop.*, or "Wahoo," in the May number of *Journal of Medicine and Science* (Maine Academy), and claims for it some remarkable powers. He says:

"On the secretory functions of the kidneys it is the most wonderful drug I know of. It increases the secretions somewhat but not enough to claim the rank of a diuretic *per se*, but it will remove albumin from the secretions almost completely in a very few days. It has some anti rheumatic properties as have all remedies that affect the kidneys."

"Now how can I class this plant?"

"My key note for its employment is one single word, Backache—of course it is a peculiar backache, a Wahoo backache, which in reality is more of a soreness and tenderness than an acute ache; that is my chief indication. Most patients will say that it feels as if they were lying on a hard roll of cloth across the small of their back. Now this particular indication occurs in a great many diseases and in conditions where no disease exists; in cases where the functions of the kidneys are totally changed or where the kidneys are not affected at all."

"Mrs. W. C., age about thirty. Had attended her at different times for some chronic kidney trouble of no serious aspect, but had not seen her for two years. Was called about three weeks after birth of her fourth child. Bowels constipated, had not moved for more than two weeks, and the kidneys were working very poorly, a small quantity of urine every two or three days. Vision and breathing very much disturbed and every symptom of uræmia pronounced. She also complained of "having a roll of cloth" under the small of her back. Urine sp. gr. 1.028, neutral, very pale and slightly clouded. Upon boiling it, over 35 per cent.—yes, nearly one-half—by volume coagulated, of which again 65 per cent. remained undissolved in strong acid. It is safe to say that at least 25 per cent. by volume (before settling) of the total amount of urine passed was albumin. Of course I cannot give any nearer details as the test employed at the patient's home was such as every country doctor can easily carry—which does not include any elaborated analytical balances. Diagnosis: Acute or sub acute Bright's disease, aggravated by the recent childbirth and associated with suppressed lochia. Prognosis: Rather doubtful if the feared convulsions would set in, but, I added, if these could be held off for forty-eight hours, we could have Mrs. C. safely in hand."

It is needless to follow the full treatment, but *Euonymus atrop.*, aided by other indicated remedies, completely relieved the case. Like our late Dr. Holcombe, the writer of the above believes that *Euonymus* is a good remedy for Bright's disease, though he has never tried it on a fully developed case but has been able to check every incipient case with it.

"As far as the soreness and tenderness of the back goes, I could cite hundreds of cases, mostly females, who have been promptly relieved, and as nine women out of ten have more or less backache, you will see, doctor what an opportunity this remedy gives you to get on the good side of the ladies! The Wahoo backache differs from the *Helonias* backache, in that the *Helonias* has a dragging and bearing down sensation towards the uterine organs and associated with an atonic condition of the same; in other words *Helonias* is indicated where the uterine organs are the cause of the backache, while Wahoo is called for where the back is the chief offender and the surrounding parts only act in sympathy."

"Country Doctor" says that in this drug, as in all others of its



class, to get these favorable results a preparation of the fresh plants must be used. He also gives some instances of gross mistakes made by ignorant, commercial pharmacists, thereby demonstrating the importance of doctors exercising some care in their purchases of drugs. In one case *Veratrum vir.* was sent in for *Phytolacca decandra*, and in another *Chelidonium* was made into *Belladonna* tincture. But as long as buyers of medicines look to price only these little errors must be expected.

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### ON THE USE OF NOSODES.

My object now is simply to show that the scientific use of nosodes is strictly a fair inference from the teachings of Hahnemann and a real advance in both the science and the practice of our art. To bring the subject down to date, what are Pasteurism, Listerism, and Kochism but crude imitations, mechanical blunderings into the arcana of the mighty laws introduced to us by the genius of Hahnemann? and what were the fearful mortality at first under Koch and the many failures under Pasteur, but proofs of both the absurdity and the danger of mixing things that differ into an unknown compound, not of the multifarious drugs of polypharmacy, but the laws of similarity and potentization sought to be carried out on material lines? What is the thought that every case of hydrophobia could be cured by the crudity of inoculation but a gross defiance of that stern individuality of disease which true science alone claims, and which is an absolute *sine quâ non* to successful cure? Let us go further. Is not the whole of bacteriological science, as taught and practiced in the present day, only, on a large scale an admission, though a most gross recrudescence, of these same laws which come in so clearly in the scientifically therapeutic use of nosodes? What is the admission of the almost infinite power of something hitherto inappreciable by any of our senses and now only by one, because microscopes have been brought to an excellence hitherto unattained, but an admission that there are powers in nature which can both kill and cure in myriads, and yet to four of our senses they are still *non sunt*? In a word, what real therapeutic advance is there in this year of grace, 1898, that is not in its germ to be discovered in the "Organon," the "Chronic Diseases," and the prefatory and other remarks in the "Materia Medica Pura," and in those two directions of similarity and potentization?



In conclusion, I cannot forbear throwing out a hint as to the use of disinfectants, scientifically. Is not the most simple remedy at the moment the truest disinfectant for that particular case and that particular epidemic? Should not we, on principle, raise a unanimous protest against the crudity of Listerism and all powerfully offensive odors, and besides the carefully chosen remedy trust implicitly to the powerful virtues of absolute cleanliness and fresh air?

This is a large subject, and I only refer to it, as it seems to me a fair deduction in principle from the subject before us.—*Edward Mahoney, M. R. C. S., in Jour. Brit. Hom. Soc., April, 1898.*

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### TELA ARANEÆ.

G. P. Bissell, M. D., Woods, Oregon.

I was much interested in the article with the above title, in the April number, which, by the way, did not reach me until the 24th. It gave me a hint of the remedy that I have had occasion and need to use in several cases

I want to tell what I know about the use of the spider's web in bulk, which is very little.

When I was a young man I had several patients sick with the ague, and all of them so poor pay that I never received a cent from any of them. Now here, thought I, is a good chance for an experiment; so I ransacked cellars and dark stables, gathering up a mass of spiders' webs. These I made up into pills of almost four grains each, and dosed my impecunious clients with three or four to each person. The result was that it broke the ague in every instance, and broke it so thoroughly that it did not recur.

I was a young man, and lately from the East, where I had never seen a case of ague. It was in Wisconsin that I did the dosage. Also, I had in the same vicinity some patients who would pay. These I treated in the most approved scientific form of allopathy, with far less success in controlling the disease, but with greater benefit to my pocket.

I shall try to remember the remedy, *Tela*. Dr. Law says it is good for numbness. Is it good for paralysis incident to change of life, where there is no lesion? And does the fluid form contain all the virtues of the original fibre?—*California Medical Journal.*

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## WILHELM HEINRICH SCHUESSLER.

Dr. Wilhelm Heinrich Schuessler, of Oldenberg, Germany, died on March 30th, 1898. In a notice of his life, published in a German homœopathic journal, it is said that the 25th edition of his famous work, "Abridged Therapy," was edited by him shortly before his death, and from a private letter from one of his friends and assistants, we learn that Dr. Schuessler was very much interested in an authorized translation of his work into English, for which he had entered into a contract with Messrs. Boericke and Tafel. It was proposed to translate the 24th edition, but Dr. Schuessler wrote his American publishers that within a year he expected to have out the 25th edition, which would be very materially altered from the preceding ones, and asked them to wait and he would send them advanced sheets. He did this, they were translated, and the work is now in the compositors' hands. It will be very interesting to all who are interested in biochemistry, and will be the latest and last message from the old master to his followers. The following letter to his publishers from Dr. Meyer may be of general interest:

MESSRS BOERICKE & TAFEL—*Honored Gentlemen:*—I have incumbent on me the sad duty of informing you of the death of Dr. of Med. Schuessler, the founder of Biochemistry. His death took place on March 30th, of this year, at 6:45 p. m., from the consequences of a stroke of apoplexy. The burial of our dear departed friend took place here in the Gertrude Cemetery, on April 5th, and was very largely attended.

Yet on his sick-bed the departed put the finishing touches to the 25th edition of the "Abridged Therapy," and it was granted him also to live to see its publication. We are sorry to see that

he did not live to see the publication of its new translation into English, as he was looking forward to it with great expectation, from its being a *pure* translation without any additions.

The information as to Dr. Schuessler's course of life is extremely scanty, as he could never be persuaded to write an autobiography, and nothing looking in that direction was found among the manuscripts left behind. All the facts concerning his life have, therefore, to be taken from the official records and from communications obtained from his contemporaries.

If you should desire to make use of the little that is known concerning Dr. Schuessler, either for an article in an American homœopathic journal or in an introduction to your new translation, I offer my service for that purpose. I have the honor of signing myself, with great respect

Your's sincerely,

AUGUST MEYER, Chief Reviser.  
(President of the Biochemical Society.)

Oldenburg, April 8, 1898.

Steinweg 31.

THE character of the average "Drug company" is well illustrated by a circular recently sent out by one of them, called the "Alta Drug Company." The subject of the circular is *Cratægus oxyacantha*, which is said to be useful in heart disease, nervous disease, scanty and suppressed menses, constipation; that "it will increase longevity," is of use in la grippe, in anæmia where iron is of no use, and, in short, that the new remedy is a very wonderful discovery indeed; all of which may be true, as there is good testimony as to its value in heart disease, and it may be useful in the others. But here is the point, quoted from the broad-cast circular:

"We are willing, hence, to stake a fortune on that assertion, and *do hereby declare that we will pay \$1,000.00* to any family or legal heirs of any person dying of heart disease in the presence of *Cratægus oxyacantha* (Alta) as made by us. Remember the offer is only for *Cratægus* made by us, as all other manufactures of the drug are worthless."

In view of the fact that what is known of this drug was discovered before this "company" took it up, the vulgar impudence of their assertion needs no comment. *Cratægus* is simply

a tincture of a species of hawthorn berry, and is sold by legitimate pharmacists at the same rates as the other standard tinctures, but this "Alta Company" states that it "is put up only in two and four ounce bottles and sold at \$1.00 per ounce."

It will next be in order for some of the journals to lash themselves into a high state of indignation (in "reading notice") over the fact that "unscrupulous dealers" are "substituting" other *Cratægus* for that made by the truthful and virtuous Alta Drug Company.

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THE annual meeting of the American Ophthalmological, Otolological and Laryngological Society will convene at Chicago, June 22d.

From the number of papers presented and the subjects they cover, a most successful meeting is assured. The session will close in time for the members to proceed to Omaha to attend the Institute meeting.

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Dr. H. T. WEBSTER in a communication to the *California Medical Journal*, on the new heart remedy, *Cratægus oxyacantha*, in which, after recounting what has been said of the remedy, he adds the following from his own experience:

"It is recommended not only where we prize cactus so much—as a heart tonic—but in valvular affections. Curative effects are claimed here, but as too much is almost invariably claimed for a new remedy, we may doubtless accept some of the claims with doubting. I have employed it as a general heart tonic with perfect satisfaction for the past few weeks, and feel confident that in this remedy *cactus grandiflorus* and *cereus bonplandii* have met a successful rival, if not a superior. In one long-standing case of cardiac irregularity and debility that had been treated with a wide range of cardiac agents for years without benefit, *Cratægus* gave speedy relief."

"Dr. Born, of San Francisco, was the first to call my attention to it, and his experience with it has been rather extended. He thinks it the best heart remedy he ever tried."

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Dr. GEO. D. COE (*Cal. Med. Journ.*) writes: "Mrs. W—— applied for relief from a vulvar puritus. Examination revealed nothing abnormal. She was cleanly in her habits and person, and there was no obvious cause for the distressing itching. She

had been to two other physicians before coming to me, so, of course, I was more than anxious to give relief. After trying several remedies with no benefit I gave her a solution of *Grindelia* 3ss to the  $\frac{3}{4}$  of water, and directed her to apply it on a soft piece of muslin. Improvement began at once, and you may be sure she is very grateful."

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THE following particulars from *Med. Monatshefte fuer. Hom. etc.* are noteworthy as *practical rules*:

1. All homœopathic medicines should be kept in a *dry* place, but especially the trituration of *Nitrum*, which is apt to attract moisture.

2. *Camphor* is never to be kept in the same case with other remedies, but *separately*, since as an antidote of almost all the other remedies, it destroys their action.

3. Preparations of *Iodine* must not be exposed to the direct rays of the sun, as they are decomposed by its chemical effects and become inactive.

4. Preparations of *Bromine* should, if possible, be fresh.

5. While using *Mercurius*, water treatment should be carefully avoided.

6. Preparations of *Iodine* and *Mercury* generally act better in summer and in a mild climate.

7. *Phosphorus*, *Iodine* and *Mercury* generally act better in dry, warm weather, than when it is cold and wet.

"While most of the homœopathic preparations even in their low potency, are very important—yea, indispensable curative remedies in dangerous and threatening diseases where a quick, energetic and penetrating action is called for, two medicinal drugs owing to their peculiar nature and their particular qualities, are an exception to this rule: These are *Lycopodium* and *Silicea*, of which it is said, that they are inactive in low potencies. Prof. Dr. Hegewald says on this subject; *Lycopodium* is inactive so long as its spores are not broken, and only becomes active when triturated repeatedly. I have seen no effects in any lower form than the 12th trituration.—*Silicea* is a remedy only when it is potentized, not below the 12th trituration."

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REDUCTION OF HERNIA.—When a hernia has protruded and became incarcerated and its reduction proves difficult and even seems impossible on account of corpulence and owing to the distension of the abdominal muscles, place the patient in a warm bath of 102° Fahrenheit (39° C.). After 15 minutes the reduction of the hernia will generally be easily effected, for in the warm bath the vessels become relaxed and the tension of the striated muscles ceases. The same treatment will also be found effective in spasms of the bladder. *Pop. Zeit. fuer. Hom*

# PERSONAL.

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Dr. C. F. Goodell, Hahnemann, Philadelphia, '83, has been appointed Health Officer of Frederick, Md.

On his death bed Dr. Schüssler, he of Oldenburg, expressed regret that he might not see the 'true' translation of his "Abridged Therapy" authorized by him to be published by Messrs Boericke & Tafel.

Dr. C. Eurich has removed to Bath Beach, L. I.

*Bacterium brassicæ acidæ* is the cognomen of those responsible for the odor of sauer-kraut.

Fortunate that men cannot suppress Mother Earth's skin eruption, volcanoes, else we should have an unpleasantly vigorous, confirmation of the truth of Hahnemann's *Chronic Diseases*.

Dr. William Lathrop Love has removed from 409 Classon to 1188 Dean St. Brooklyn, N. Y.

Dr. S. R. Bell has removed from Rock Valley, Iowa to 2200 Congress St. Chicago, Ill

Is not "dynamic power" sort o' tautological?

Japan, as it were, takes the confection, in making quinquennial revaccination compulsory.

Let us all unite in prayer that compulsory immunization (how that word is worked these days!) will not come upon us and our little ones.

M. Sebourand has discovered that baldness is a microbial disease, so look out for microbes when the bald-headed man is about.

Robert Whinna, M. D. has removed from Norristown, to 5726 Market St., Philadelphia. Specialty, eye, ear, nose, and throat.

The First Annual Report of the new Syracuse Homœopathic Hospital is to hand, and is promising.

Dr. E. C. Price has resigned the editorial chair of the *American Medical Monthly*, Drs. Henry Chandlee and Geo. T. Shower succeeding.

RECORDER'S "Personals" always open for notices of removals, location, deaths or marriages of the profession. No charge, of course. Let us know when you move, locate or marry.

Get a copy of 4th Edition, revised and enlarged, first American Edition, of Burnett's *Diseases of the skin*. Original work.

The new heart remedy *Cratægus Oxyacantha* seems to be fulfilling all expectations. If you want to avoid risk of wrong preparations get B. and T.'s *Cratægus*.

His name is almost as elusive as his fleet (is, or was, at writing)—Cer'-ver-a, Cer-ver'-a, Ker'-ver-a, Ker-ver'-a, Ther'-ver-a, etc.

Clinically *Saw Palmetto* is said to benefit iritis with a co-existing enlargement of the prostate.

Get a copy of Hale's *Saw Palmetto* to learn all about the drug, 55 cents by mail: cloth binding.

"Certainly the homœopathic work on "Gynecology" says the *Charlotte Med. Jour.* of the 2d ed. of Wood's work.

When "worn out" the great *Physiological Tonicum* (Hensel Improved) is better than the "tonics" of Kola, Coca, and the like.

Bradford reports "progress" on his great "History of Old Hahnemann." It will be a great work and historically valuable.

# THE HOMŒOPATHIC RECORDER.

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## **SOME EXPERIENCE IN THE TREATMENT OF SKIN DISEASES.\***

**By Wm. E. Leonard, M. D., University of Minnesota, Minneapolis.**

It is not my purpose to revive the hackneyed subject of External versus Internal treatment, a subject over which controversy has raged for generations, not only between extremists of our own school, but also between the learned dermatologists of routine medicine.

In classical dermatology, arrayed mainly on the side of external treatment, are the renowned Hebra and Unna, while Hunt and some of the earlier skin specialists extol the internal use of arsenic as the only method. The present status of Old School practice, at least in America, is fairly stated by Dr. George Henry Fox as a happy mean between the above extremes, viz. the use of arsenic as most efficacious in many chronic inflammatory diseases, while regulation of the diet, hygiene and general improvement of the patient's health is even more successful in most acute inflammatory skin diseases.

Of course, Homœopathists are by no means confined to arsenic in their internal medication, as is practically true of the Old School, since we know of the specific effects of some forty reliable skin medicines, and many of these are entirely unknown to the other school, as, for instance, *Graphites*, *Lycopodium*, *Calcarea carb.*, etc. Yet, even with these advantages, I am confident that we too may not spurn the middle ground and ignore the use of soothing or occasionally even medicinal external applications. As illustrating this middle ground, I will summarize my experience of two years in the skin clinics of the University Homœopathic Dispensary, held weekly throughout the

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\* Read before the Minnesota State Homœopathic Institute, May, 1898.

year, and also in some typical private cases. At the clinic, in those two years, over two hundred cases of skin disease were presented. A majority were various acute and chronic forms of eczema, and the remainder scattering instances of acne, erysipelas, urticaria, psoriasis, pityriasis, tineæ, malaria, scabies, rosaceæ, pediculi, etc. Each disease will be given separately with a general outline of the methods employed. One class can be dismissed in a word, viz, the parasitic. For these the treatment was some local parasiticide, with free use of aqua pura, sometimes such a general medicine as *Sulphur* being essential to a complete relief of the irritated or inflamed skin.

*Acne*, of which, next to eczema, we saw the greatest variety, including vulgaris and indurata, as well as milium and comedo, was palliated only by both local and internal means. Persistent opening of the ripely inflamed glands, the use of nothing but very hot water upon the parts affected and occasionally cleansing with *Boric acid*, *Tar* or *Sulphur* soaps, and such remedies as *Natr. mur.*, *Bryonia*, *Hepar*, and *Nitric acid*, were usually palliative and with patience curative. It was impossible in a free clinic to regulate diet or hygiene to any extent, for the food is what they can get and not what their troubles require, and their hygiene is usually of an involuntary kind. This being true in general, most cases of acne, as well as other chronic skin ailments, drifted out of our observation only partially improved.

*Erysipelas* was never treated but by internal medicines only, and was thereby readily cured. I have long since learned the uselessness of cranberry, slippery elm or other poultices in this affection. If something must be done to allay the burning and itching, vaseline, lanoline or simple cerate is entirely sufficient. In the order of their usefulness, the following remedies are my reliance: *Bell.*, *Apis*, *Lachesis*, *Cantharis*, *Euphorbia*.

*Urticaria*. Here local applications are most often necessary, if you would not make a second visit to your patient, and the best for that most painful form, affecting the soles of the feet, is wrapping in cloths saturated in chloroform water, or keeping the feet in moist black earth, or excelsior dressing, the latter being more elegant and more efficient. *Arsenic* and *Apis* will promptly check most cases.

*Psoriasis*, in the few instances we had, proved as obstinate as the books say, for cleanliness, bathing in oils, etc., were out of the question. As Kippax says, probably *Arsen. jod.*, persisted in for months, is the nearest specific remedy.



*Eczema* furnished most of the cases and was naturally divided into the acute and chronic, most of the acute being outbreaks of the chronic form chiefly seen about the head and face of children and occasionally upon the genitals of adults, while the chronic affected the body, legs and ankles of old people. As has been recorded by numerous observers, eczema seems to travel down the body as age advances, appearing about the legs and ankles in the oldest subjects.

I speak of acute outbreaks of the chronic form, for I was generally able to find some family history of so-called "salt rheum," one or two generations back. Especially was this true of the Scandinavian peasantry whose parents and grandparents subsisted mainly upon salt pork. Nor from experience in private practice with those of New England parentage do I draw any different conclusion about the relation between eczema and the disobedience of the Mosaic law against the abuse of pork. One case of eczema capitis in a young Swedish girl of twelve years' duration is worth while detailing. The whole crown was a solid dry, brownish scab, with a fringe of new hair along its border quite different in color (darker) from the small remnant of original hair along the forehead and low about the occiput, making a very noticeable and distressing deformity. All manner of applications, even to a pitch cap, had been used in this case. In six weeks' treatment, with simple vaseline externally, and *Graphites* (mainly) internally, we had a new growth of fine short hair where the scab had been. We lost sight of her soon after and had to be satisfied with this much improvement.

Those cases called acute, *i. e.*, that had manifested themselves but a few days or weeks and in the vesicular or pustular stage of eruption, reacted quickly without external adjuvants, other than vaseline, under such drugs as *Graphites*, *Arsenicum*, *Antim-crud.* and *Rhus*.

The chronic forms were always more obstinate, nor did we usually see the patients as soon as decided improvement began, so that no absolute cures are on record. In the eczema squamosum, my usual application for the nightly itching and irritation was bandaging in powdered boric acid. Where this aggravated, as it sometimes did, thorough washing in boric acid or sulphur soap, followed by vaseline under a light bandage, was sufficient.

That clinic and many private cases have led me to conclude that if anything is "in the blood"—to use the popular expres-

sion—it is chronic eczema, and that while local and internal medication may temporarily relieve or even apparently cure, nothing short of years of right diet and hygienic living will eradicate the disease. As has been said, this is not possible in dispensary practice, nor always absolutely practical or curative in private practice. Again and again in certain patients have I seen erysipelas or some accidental local irritation start up violent outbreaks of this ailment after months or years of dormancy. These outbreaks generally take on the form of so-called eczema rubrum and prove very obstinate, lasting for weeks in spite of anything internal or external.

If anything will convince one of the truth of Hahnemann's psoric theory, it is these cases, but I confess to not having been able to fit any of his antipsoric remedies to the alleviation of the symptoms, even after much careful experimentation. A possible exception is *Lycopodium*, which in very high potency seemed to check one of my very worst cases. I say check advisedly, because in subsequent attacks of the same patient it cut them short, which it would not do if the first attack simply expired by limitation about the time the remedy was given.

Interesting experiments were made at the clinics with certain local applications. For instance, "Saponified Hepar," as the druggist who made it at Prof. T. J. Gray's suggestion called it, a digestion of equal parts of sulphur and carbonate of lime in *sapo viridis* (German Green Soap), in a few acute cases, without any internal remedies, seemed to dry up the eruption quickly. A preparation from petroleum called "Rockolean," "Excelsior dressing" and others were used with local relief, but not extensively enough to enable me to generalize as to their curative effects.

Among patent preparations, for the above are essentially that, the most useful in private practice is "Resinol," which readily allays the itching and soreness. A most successful result was obtained from daily inunctions of cod liver oil in a private case of general dry eczema, said result being due, I think, to the extra local stimulation and nourishment of the skin. But even in this case, surrounded by the best of care and conveniences, the treatment was given up as soon as the skin was reasonably better.

*Psorinum* and *Sulphur* (high), *Sepia* (low) *Graphites*, *Arsenicum* and *Ant. crudum* have proven the principal remedies in

my hands, the best results being obtained by solving the difficult problem of the individual constitutional remedy. In chronic eczema, I conclude that adjuvants are mainly palliative, nor do I credit any permanent cure of this complaint to any of the various well-advertised patent preparations, having seen them thoroughly tested in many cases.

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## PRE-NATAL INFLUENCES.

By Martha Allen Parry, M. D.

Whoever embarks in the study of human nature will find himself afloat on a sea that is ever widening and of ever increasing interest. Its depths have never been fathomed.

The greatest study of mankind is man. He is the noblest work of God. "Know ye not ye are the temples of God and God's spirit dwelleth in you," and he that defileth the temple, "*him will God destroy.*" As a preface to my paper, I shall make a few remarks in regard to *fatherhood*. Of late years much has been written and spoken on the subject of motherhood, but occasionally it is merely suggested that the father might be held responsible as well.

Everything written, everything said in behalf of parental responsibility, of the duty of the present to the future, of the blame of the past for the present troubles, has taken for its corner stone the hypothesis that woman as a moral agent has more to answer for than man. She enters the marriage condition as free from taint of blood as her heritage of ancestry permits her. She is cleanly endowed with an individuality of moral health.

When, all too often, she husband's health is undermined by the invalidism of young excesses.

If man has furnished her with poor material to complete, to nurse into human life, her effort is futile, her endless musings and prophecies avail little. She has indeed entered into the "Holy of Holies." She should shrink back abashed, for she carries an unworthy offering.

But taking for granted that the father is as free from taint and sin as the mother, I shall proceed to the subject of "*Pre-natal Influences.*"

In this nineteenth century of boasted civilization, we talk much of our "*Declaration of Independence,*" which declares that all

men are born free and equal. This is a sentiment worthy of all admiration but of limited acceptance. We are not free or equal.

The slavery of government is nothing, compared with the bondage of inherited evil tendencies and taints. Thousands are born with shackles of appetites, of passion, of hatred, of theft, of murder, all searing their very being with their iron.

Holy writ tells us that "the sins of the father shall be visited upon the children to the third and fourth generations," and that "the fathers eat sour grapes and the children's teeth are set on edge."

Oliver Wendell Holmes was once asked if it were not true that all disease and evil tendencies could not be eradicated if the doctor were called early enough. Yes, he replied, but early enough would commonly be two hundred years before one is born.

No one has a better opportunity of observing the verification of these sayings than physicians.

Our children come to us without thought of duty to them until after period of birth, when really our greatest opportunities of moulding character and mentality are past. Why does not the offspring exactly resemble the parents, as we find in the animal kingdom? Because in man there are constant changes in mental impressions and great variety in conditions and environments.

The influence of objects of environments seems to have been well understood by Jacob,—when he prepared striped rods to be placed before his cattle at their watering places. The Greeks were familiar with the necessities of surrounding their wives with beautiful pictures, images, and statues which represented strength and beauty; they enforced this custom by law, called the law Lycurgus. The same custom prevailed among the Spartans, and history, poetry and song speak of the great physical beauty of these people. Popular opinion has conceded that strong, hideous mental impressions upon the mother are capable of producing deformities and marks in the child, and we do not doubt that such is the case. Why cannot the mother in the same way influence the character and intelligence of her child? That she does and can investigators on the subject have given abundant proof.

We read in the first chapter of the first book of Samuel an account of the prayer of Hannah, who prayed for a son as she

stood in the temple of the Lord, and she vowed a vow and prayed thus:

“O Lord of hosts—if thou wilt indeed give unto thine hand-maiden a man child, then I will give him unto the Lord all the days of his life,” and thus she dedicated him unto the Lord before he was conceived. He was a seer, a priest and a judge in Israel for forty years, he judged with righteousness and reproof with equity, and so pure was his life that it is recorded that when he died all the people mourned.

Another well-known character of history is Nero, the Emperor of Rome. His mother Agrippina poisoned her husband and caused his son to be assassinated to make room for her son, who in turn killed his own mother and lived a life of cruelty and vice.

The mother of Napoleon, a beautiful, ardent and enthusiastic young woman, followed her husband on horseback in the midst of wars, familiar to and beloved by the armies. It is not difficult to understand how a Napoleon was given to the world, with all his love for and fitness for military life.

The mother of Robert Burns, previous to his birth, sang old songs and ballads continually as she went about her household duties. Wolfgang Mozart's mother, during the earlier part of her married life, had cultivated her musical talent, but later abandoned it, and even took a dislike to music, and as a result her two sons younger than Wolfgang had no disposition for music.

Numerous instances of less noted persons might be cited, of which I shall record a few. Prof. N. N. Riddell reports the case of a judge, who, after being on the bench for six weeks, his mind wrought up up to its highest pitch, went home for a vacation, left with his wife the seed of a girl, who when grown was far superior to her brothers and sisters, but was especially gifted in the power of *judicious decision*.

Two most remarkable children were produced intentionally. Their father, a minister, decided to endow a child with the elements of a pulpit orator. He gave special attention to oratory for a considerable time before begetting the child. After conception the mother gave herself to the study of oratory, reciting, and went to hear the leading speakers of the country. When the orator was born it was a girl. But, mark you, they had their orator just the same. The child, now thirteen years old, can

command the attention of the largest audiences with ease, and her voice is remarkable for its clearness and power. These same thoughtful parents now turned their attention to music; though not possessing any special talent in that direction, they exerted every power within them, the mother subordinating everything to this one study. When their Jennie Lind was born it was a boy, is now six years old and a musical prodigy. The child's time is as perfect as the swinging of the pendulum. He plays by ear and by note any instrument placed in his hands; he is bright and intelligent and not deficient in energy or business ability.

He is a fortune to himself, a great credit to his family, a blessing to humanity, and withal a verification of this law we are endeavoring to make plain, *i. e.*, that the active power in the parent becomes the native power of the child.

The notorious mother of criminals of New England is said to have five hundred descendants, two-thirds of whom have become malicious criminals, and to have cost the state two hundred and fifty thousand dollars.

A lady, I will say of Nebraska, tried in vain to produce an abortion, was angry with herself and everyone else, despised the child and tried to take its life from the first. The child hates everybody and is extremely cruel, and is never happy except when killing something, and this is how many an Ishmaelite is born whose hand is against every man and every man's hand against him. Dr. F. M. Powell, of Glenwood, Iowa, superintendent of the State Institute for the Feeble-Minded Children, was asked, in what percent. can you trace any pre-natal influence as the cause of their condition? The answer was: About three-fourths of all cases present are termed congenital, due to pre-natal causes.

Let us give a striking illustration: In 1870 occurred the famous siege of Paris, when, for a season, the streets of that beautiful city were overrun by a drunken rapacious rabble. M. Le Grand Soulle afterwards had the opportunity of examining ninety-four children who were begotten of such fathers during that siege; of the ninety-four, sixty-four were crippled in mind or in body, thirty-five being malformed and twenty-nine being imbecile.

The active powers of body and mind in the parents previous to and at conception, and in the mother during gestation, will

be the native strong power in the child. It is during the last three months that the mental state of the mother most vividly and effectively is transmitted. Emerson says, to the well born child all the virtues are natural and not painfully acquired.

Said a scientiest, I would rather have been born as well as my parents could have born me than to have been left the heir to Rothchilds' estate.

In the words of Helen H. Gardner: "Heredity and environments act and react upon each other with the regularity and inevitability of night and day; neither tell the whole story, together they make up the sum of life."

Practically our powers and possibilities are fixed before we ever see the light of day.

This is a subject of more importance than "war," money making, than fame or honor or position. I hold that it is a moral and Christian duty for the physician as philanthropist to his race to instruct all young married partners how to beget their offsprings that they may improve their race and not retrograde it.

*Kokomo, Indiana, May 16, 1898.*

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## A FEW INDICATIONS FOR REMEDIES IN WHOOPING COUGH.

By Carl A. Williams, M. D., New London, Conn.

For the catarrhal stage remedies should be selected according to the symptoms, as in ordinary coryza and bronchitis.

*Acon.*, *Bell.*, *Bry.*, *Ipec.*, *Dulc.*, *Puls.*

*Aconite* 3x. In the beginning; fever; dry, hot skin: thirst; restlessness; cough dry and sibilant; burning pains in larynx or bronchia.

*Belladonna* 3x. Headache; red face; marked cerebral symptoms; paroxysms terminate in sneezing.

*Ipecac* 3x. Cough is accompanied with great anguish, with danger of suffocation and bluish face; nausea; rattling of mucus in bronchia.

*Pulsatilla* 3x. When from the beginning there is a *loose cough* with vomiting of mucus or food, or else slimy diarrhoea.

The convulsive stage or fully developed case, *Drosera*, *Coralium rub.*, *Cuprum*, *Oxalate of Cerium*, *Trifolium pratense*.



*Drosera* 1x, 3x. Paroxysms are excessively violent, and the sibilant sound of the cough is very marked; may or may not have fever; painfulness of the pit of the stomach.

*Cuprum met.* 6x, 30x trit. During the paroxysm there is rigidity of the body; blueness of the face with thumbs clenched; seems as though they would never breathe again; they hold their breath for some time.

*Corallium rub.* 12x, 30x. A remedy par-excellence; the cough of this remedy has been compared to the firing of minute guns. Short barking cough (M. Teste was the first to call the attention of the profession to this drug). It has been used by a large number of careful observers and it ranks among the first remedies for the second or convulsive stage. I would like to call your attention to a drug that has been used empirically by a number of physicians with apparently marked benefit. The drug to which I refer is the *Oxalate of Cerium*. It is given in two or three grain doses three times a day. It takes several days before any change in the cough is noticed, after commencing with the powders. In all cases where I have seen it employed it lessens the severity of the symptoms to a marked degree. There is no proving of the drug to my knowledge, however there is a good deal of clinical experience back of its use, and I would recommend it in severe cases where no special indications for a remedy can be obtained. I think it acts better in those cases where the stomach is very irritable, and where the cough terminates in vomiting.

*Trifolium pratense* (red clover). This remedy benefits quite a number of cases. The exact indications I have never been able to obtain.

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## PEPPER AND SALT.

“There was a time when the scientist was inclined to accept the dicta of his co-workers, and when he quietly digested the results of some new discoveries without fear of having them discredited before they had been barely swallowed. But times have changed.”—*Medical Record*.

“Quite recently we called the attention of a very reliable manufacturer of chemicals to the fact that a certain article we had bought from him did not stand the U. S. Pharmacopœia



test, to which he replied, laconically: 'The trade is not willing to pay a fair price, hence we cannot produce the article to meet your requirement.'—*Myer's Bros.' Druggist*.

"Now, specialists are all right, good ones we mean, but there are too many poor ones."—*Medical Visitor*.

"Medicine is the occupation of gentlemen."—*American Homœopathist*.

"Why should ministers pay? None but the regenerate would venture to suggest a fee."—*New England Medical Monthly*.

"Astrology and medicine are not quite two centuries divorced."—*Medical Century*.

"The present age and year is shown not only not to be the worst, but to be the best, and to this result we may justly claim that medicine and its allied sciences have contributed their full share."—*North American Journal of Homœopathy*.

"The tendency is city ward, and yet how much speedier and surer the limited competency offered by a less ambitious practice."—*Hahnemannian Monthly*.

"Shot-gun homœopathy is a therapeutic monstrosity. It is the most indefensible of all medical methods known to man. It is not flesh, fish, nor fowl. There is not a word to be said in its favor except upon the feeble plea of convenience, and that is indeed a paltry excuse when a human life is hanging in the balance. The combination tablet should be laid away in the church yard along with all other therapeutic follies. It scarcely deserves even a decent burial."—*Minneapolis Homœopathic Magazine*.

"The old spirit of persecution is not dead by any means, but the number of those who are disposed to take the larger view, we are convinced, is clearly increasing."—*Homœopathic World*.

Perhaps a modern Pilate asks: "What is truth?" Truth, scientific, moral, religious, is essentially the manifestation of the Divine will. To know the truth is "to think God's thoughts after Him."—*Clinical Reporter*.

"It is Spain that will remember the Maine!"—*Medical Era*.

"The shoemaker can not make a good shoe from shoddy stock, nor can the best medical college in the land give sense to the senseless, or brains to the brainless, and make a good student or practitioner out of worse than shoddy stock."—*Medical Gleaner*.

"Some doctors, if they are busy, feel that they can not leave

their patients, and if doing little, that they cannot afford to leave."—*Medical Sentinel*.

"A man is a man always, biologically, until he ceases to exist, though he may be a most unmanly or a very beastly one in another acceptation of the term."—*Medical Council*.

"As a rule, there is no difficulty in the mind of any man constituted with a normal modicum of honor, gentlemanly instinct, and the golden rule, as to what course he ought or ought not to pursue in a given case."—*New York Medical Journal*.

"Now, who is better prepared to write a review of one's book than the writer himself?"—*Post Graduate*.

"Pain is a war cry. It is the smoke of a battle. It is the din of a struggle. Two parties are contending instead of making friends with one another. Two forces are at variance and struggling for supremacy. It is evidently a survival of the fittest."—*Journal of Orificial Surgery*.

"Next month the Homœopaths, the electics and the allopaths of Kansas will meet in joint session at Topeka to—do what ??? If nothing else is accomplished they will at least endeavor to agree upon legislation which will make it difficult for beginners to earn an honest living in the practice of medicine, and this is about all they will do."—*The Critique*.

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## EXTERNAL APPLICATION OF HOMŒOPATHIC MEDICINES.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, May, 1898

As the reigning school of medicine at the present time so frequently applies medicines by subcutaneous injections and intravenous applications, the question is naturally asked: What position does Homœopathy occupy with reference to such treatments? Urgent-circumstances, *e. g. i.*, *trismus* of the jaw or convulsion of the œsophagus in consequence of poisons (in such a case we might, nevertheless, apply the medicine to the tongue), or with the insane, who frequently refuse to take any food or any medicine in their mouth, compel us to look for some other ingestion than through the mouth, and we have found the injection of the medicine per anum or by subcuta-

neous ingestion useful. We would also mention the great success achieved by Dr. Neuschaeffer through the subcutaneous injection of *Merc. cyanatus* in cases of diphtheria of the utmost virulence.

Besides this we have in such an application the authority of Hahnemann on our side. In his *Organon*, § 289, we read: *Every part* of our body, if it only possess the sense of touch, is also capable of receiving the action of the medicines, and the power of communicating this action to all the other parts." This truth is further elaborated in § 290, 292. In § 290 we read: Besides the stomach, the tongue and the mouth are receptive of the operation of medicines; still more excellent is *the internal part of the nose*; then also the rectum and all the parts which give access to the interiors, as also all the parts possessed of the sense of touch, are all almost equally receptive of the action of medicines. Thence also spots where the skin has been abraded, wounded or ulcerated parts give an almost equally penetrating influence to medicines upon the organism, as if the medicine had been taken through the mouth; how much more then through smelling or inhalation?

§ 291: "Even those parts that have lost the sense peculiar to them, *e.g.*, the tongue and the plate which have lost the sense taste; the nose that has lost the sense of smell; communicate the action of the medicine which only touches them proximately, in no less a degree of perfection, to the entire mass of the organs of the whole body."

§ 292: "Also the external surface of the body covered with the cuticle and the epidermis is not irreceptive to the influence of the powers of medicines; but the parts most sensitive are also the most receptive." So we also find in the provings of Hahnemann quite a number of symptoms as genuine effects of the medicine which have been obtained by an external application of the medicines.

In his fragmentary remarks to "Brown's Elements of Medicine" (*Hufeland's Journal*, 1801), he says of Brown's statement that the medicines for the asthenic diathesis, to whatever part they may be applied, excite this part more than any other: "This also is one of his sentences which carries us with it through its divine simplicity. It is a pity that it is totally false." Tincture of the juice of poppy applied to the pit of the stomach excites no sensation in that particular spot, but, never-

theless, it quickly alleviates hysterical vomiting. When applied there, or to the neck, or to any external part of the body which is sensitive, it (palliatively) checks certain diarrhœas, it takes away the deadly chilliness resembling apoplexy, the stiffness and insensibility after large doses of *Camphor*, the colic induced by *belladonna* and the somnolence in typhus, and this, although the spot where it is applied feels no perceptible change. And so he (Hahnemann) might adduce a hundred other examples disproving the general statement "that medicines act most powerful on the spot where they are applied."

In this, however, as we think, he was unjust to old Brown. In the first place, to disprove this sentence, he selects a remedy which, when used in strong doses, can hardly be counted among stimulants. Brown, indeed, numbers *Opium* among them, yet his saying, "*opium maherde non sedat*," is only applicable to small doses. Then *Opium*, when applied externally, especially in a mass, as Hahnemann proves by a number of examples cited at the close of his proving, actually produces an irritating effect. Boerhave observed when an *opium-plaster* was laid on the skin that it caused great heat and pain, the formation of a blister, erosion of the skin and the production of mortification, which is confirmed by Geoffroy. Monro remarked that *Opium*, when applied immediately to the nerves, does not take away their sensibility, but rather increases their pain, while, when applied to the muscles, it very soon destroys their irritability.

In the passages taken from Hahnemann's *Organon* he does not, however, treat of any mere local action, but especially about the general dynamic action of a remedy as it diffuses itself from any suitable place of application. More at length than in his *Organon* he has treated of this matter in the lengthy treatise on "*Hielkunde der Erfahrung*" (Therapy of Experience), written in 1805:

"I said that the touch of the living sensitive fiber by the remedy is almost the only condition necessary to its action; this dynamic property is of such extent that it is quite indifferent what sensitive part of the body is touched by the remedy in order to produce the full effect, if only the grosser part of the cuticle has been removed—it is quite indifferent whether the dissolved medicine is ingested into the stomach or should only remain in the mouth, or on wound, or another spot deprived of its skin.

“If we need not apprehend an evacuation from it, the full end may be reached by ingesting it per anum or in the inner part of the nose; this may be done by a remedy which has the power of curing a certain stomachache, or a particular kind of headache, or a particular kind of a stitch in the side, or a cramp in the calves, or any ailment in any part *which has no anatomic relation with the part touched by the medicine*

“Only the cuticle puts something of an obstacle, though not an insurmountable one, in the way of the action of the medicine on the sensitive fibre below it. Medicines also act through the cuticle, but with a force somewhat diminished. The dry substance of the medicine when reduced to a powder will not act so strongly, but more strongly if it is dissolved, and more strongly still if it is applied to a large surface.

“The cuticle is in some places thinner and, therefore, more susceptible to action. Among these places the abdominal regions, especially the pit of the stomach, the region of the flank, and inner surface of the axilla, of the bend of the arm, the inner side of the wrist, the houghs, etc., may be mentioned as parts susceptible to the action of medicines.

“Rubbing in the medicine generally only forwards the action of the medicine, because rubbing of itself makes the skin more sensitive and thus makes the fibre, which has been quickened and rendered more sensitive, at the same time more receptive for the specific power of the medicine which radiates through it into the whole of the organism.”

It was on account of this that Hahnemann and his first followers not infrequently applied homœopathic highly potentized remedies by inhalation. With children and also with adults suffering from toothache I have frequently used this procedure successfully. The custom has also developed with us in flesh lesions or contusions of parts situated on the surface of the body to use the indicated remedy (*Arnica*, *Rhus.*, *Hypericum*, *Ledum*) internally in a higher potency and at the same externally in a lower potency dissolved in a large quantity of water as a compress. Some practitioners also in rheumatic or neuralgic pains in the limbs confined to one side have prescribed the rubbing in of the remedy in a watery or alcoholic solution on the skin of the part affected, while they at the same time give it internally.

In such a use of the remedy there was already ultimated the idea of the specific relation of certain remedies to particular

parts, tissues and regions of the body, and that the direct immediate application of the remedy applied in that particular part considerably augments and supports the action of the remedy used internally; this of course passed beyond Hahnemann's view and approached the idea of local specific remedies. Finally the specific remedy was even used only externally, reaching thus a merely local treatment. Thus we see in the *Revue homœopathique française*, of the 11th of December, 1897, an article by Dr. d'Esponet, who calls himself specialist of the (homœopathic) Hôpital of Saint-Luc in Lyons, concerning the local treatment of diseases of the nose.

The author says: "The therapy of affections of the nose is of such a nature that Homœopathy, according to his opinion, can in it best adapt itself to the local use of remedies. The organ in question is really an entrance court of respiration, easily accessible to the eye and to the instrumental touch, as it offers a number of angles and protuberances where the excretions accumulate. The lining of the nose is a spongy tissue, in which there are sudden and frequent fluctuations in the supply of blood, producing a considerable change in the topography of this entrance court and causing more or less extended obstructions to the free passage of air and the normal as well as the morbid secretions.

"It appears therefore indicated that we should use local remedies to cleanse those windings and to apply curative substances on this mucous membrane which varies so much, remedies which are suitable to sustain the action of the medicines introduced into the general circulation and whose aim it is to gradually remove the dyscrasy, to which the origin of these disturbances is due.

"The author desires merely to discuss a few points, the practical use of which he has verified himself.

"The pathogenesis of *Hydrastis canadensis* gives us a clear image of the catarrh of the mucous membranes (specifically of the nasal mucous membrane *mossa*), and clinical observation has confirmed the results of these provings. The author locally applied this remedy in the following form: *Hydrastis canadensis* 0, 2 grammes; *Glycerine*, *ââ*, and water *ana*, 30 grammes. With this mixture he moistened a camel's hair brush or, better, yet, a plug of raw cotton which is elongated by winding it around a metal shaft in which is the thread of a screw. The raw cotton,

which is thus rolled into the shape of a camel's hair brush, must pass at least one fifth of an inch beyond the end of the shaft. The moistened brush or the swab of raw cotton is then introduced into the nasal cavity and is slipped over the length of the nasal cavity, in order to avoid the danger of rough and unskillful movements. The patient is instructed to handle the instrument as if he wanted to move it downward toward the mouth and not toward the eyes. The introduction of this instrument at first causes a disagreeable tickling and sneezing, but the patient soon gets accustomed to it. After acquiring some facility in its use, the instrument may be applied somewhat more firmly, massaging with it, and squeezing out the contents of the brush, the motion, however, being always toward the lower part of the nasal cavity. The author usually caused the application to be made twice a day. Used in this way the *Hydrastic*-liniment has been found of great service by the author in the inveterate catarrhs of the mucous membrane of the nose which prove so rebellious. Under its influence the congestion of the spongy alae diminishes, the catarrhal secretion decreases and becomes thinner; the primary respiratory passage becomes more permeable, and the patient feels an increasing comfort.

“The obstruction of the nose passes away more quickly, indeed, by the use of *Cocain*; but the action of *Hydrastis*, which is not merely palliative but is really curative, and which, when continued gradually cures the disease, is much more lasting. Nor is it attended with the well-known injurious effects of *Cocain*, for more than one cocainist is indebted for the commencement of his dangerous cocainism to the physician who prescribed the repeated application of the insidious substance, the use of which soon becomes as dominant as that of morphine.

“The glycerine in the above mixture also has its significance; it supports the contractive property of *Hydrastis*, by unburdening capillary circulation by means of the serous secretion which it produces. The first applications are usually attended by the overflow of a more or less copious fluid; but this is gradually diminished. It is well to advise the patient beforehand of this fact, so that he may not suppose that the use of the remedy is producing an effect contrary to the one intended.

“A mixture of glycerine with more or less water, applied by means of a swab of raw cotton, is in the opinion of the author a good palliative for persons who suffer from a disagreeable dry-



ness of the nose; they are overjoyed when they find themselves enabled again 'to blow the nose,' and this affords them great relief.

"The use of the mixture mentioned above is not confined to the mucous membrane of the nose; it is rarely, indeed, that the naso-pharynx is not affected by the same morbid process. Now, especially when the swabbing is done just before going to bed, the liquid remedy slowly flows down along the sloping parts and rinses the mucous membrane of the posterior passage which is so difficult to reach by way of the mouth,—and this is an advantage not to be undervalued. Now in what cases is *Hydrastis* indicated? The characteristic of the secretions is that they should be clear, copious, yellowish and may be drawn out in threads; another characteristic is the discharge of mucus into the throat. The rhinoscopic examination shows the turbinated bones swollen, vascular, more or less pressing close to the septum.

"We must not indulge in the hope of reducing a *genuine* hypertrophic rhinitis, *i. e.*, a state in which these bones are changed into a thick, fibrous mass; nevertheless *Hydrastis* will probably be of use also in such cases by influencing the catarrhal state of the mucous membrane, and acts upon the parts in which the erectile tissue has not yet been transmuted into connective tissue; this will be especially the case after the use of the galvanocauter without which we cannot do in such cases, has made room for the ingress of the air.

"With children the local treatment is especially useful and they usually bear it well. In the muco-puriform catarrh, which so frequently appears in a youthful age, the mucous membrane may be freed in this manner from the accumulated secretions and a free passage for the respiratory air be made, which is the more important, as the galvanocauter can very often not be used with them.

"A liniment with *Hamamelis* composed in the same manner is also indicated, although more rarely in rhinological practice. It is useful, as elsewhere, in varicose enlargements. Venous hyperæmia usually calls for a more general treatment; the local effect of *Hamamelis* assists this. The naso-pharyngeal space has even more than the nose itself, these varicosities running through it, and the introduction of the liniment through the nasal canal allows a convenient and direct action upon them. The sensation of dryness in the throat, which often accompanies the varicos-



ities, is thereby appreciably diminished. Hering states under *Hamamelis*: dryness of the lips and asthma; the patient has to drink large quantities of water to facilitate swallowing.

“ Venous epistaxis is also an indication for this remedy; but in such a case stroking it with a swab might increase the bleeding, owing to the mechanical irritation, and then it will be more useful to apply it in the form of plugs which are kept inserted for a definite time. Very hot water with an addition of *Hamamelis* tincture is an excellent remedy to stop the epistaxis.

“ *Sanguinaria* has valuable properties; it is particularly indicated in intensive congestion of the mucous membrane and great dryness; mucous polypi also belong into its sphere of action. The auditor usually prescribes it in the form of an ointment: *Sanguinaria nitrate* I' trit. 0.50. up to 1.0. *Vaseline* (or *Lanolin*) 20 0.

“ The nose should be carefully smeared with this with a wooden spatula, which is best done before going to bed. Blowing a more or less concentrated powder into the nose is also useful, especially in a freshly caught cold or in hay fever. *Sanguinaria* can assuage a rush of blood and is therefore a useful remedy in sudden rushes of blood which with some persons set in on the slightest provocation, and the painful symptoms of which easily lead to hypochondria, if the soil is at all prepared for it.

“ Dryness in the back part of the fauces is one of the most pertinacious symptoms, as may also appear in the following typhoid case: A lady teacher, forty years old, suffered from a naso-pharyngeal catarrh which extended to the eustachian tubes and was accompanied with sclerosis of the tympani cavity. For two years she had been treated without effect by the most celebrated specialists; the dryness of the throat especially, about which she complained continually, remained unchanged. The author prescribed, for internal use, *Lachesis*; but externally an ointment of *Sanguinaria nitrata*. After two weeks she felt an unhopd for allievation, she could speak with hardly any effort, and with the improvement of the throat the obstruction in her auditory organs was also partially removed, so also the sensation of pressure on the root of the zygomatic process—a symptom which is nearly always found in obstructions of the eustachian tubes—had disappeared.

Ointments have a mechanical action in keeping together the secretions, which without their presence gradually thickens in

the back part of the pharynx and during the night they dry up and cause in the morning that disagreeable hawking which sometimes is augmented even to a tendency to vomit, and is a torment to those suffering from naso pharyngeal catarrh. The substance ingested only touches the mucous membrane, penetrates into the crypts of its glands and into its folds and thus effectively combats the foe."

Dr. D'Esponet concludes with the words:

"If any one should blame me that I, as a Homœopath, give too great importance to this local medication, I would answer first with the general truth, that if remedies have a local action it is proper that we should make use of it, and secondly, all who have experienced the difficulties in rhinological practice can easily see that we cannot omit any means which will lead us to the desired goal."

The writer of this article can give due weight to the force and urgency of these practical postulates. Nevertheless it would be more in agreement with the homœopathic method of curing to use the same remedy which is applied externally, also internally. The pathogenesis of *Hydrastis canadensis* gives us, indeed, a pronounced image of a nasal catarrh with the peculiarities enumerated by the author, especially as this drug, according to Dr. Lilienthal (a good connoisseur of medicine), is an antipsoricum and an antidyscroticum of the first order. There is no doubt that the idea of local diseases and their local treatment keeps spreading with our younger generation, and probably this is no benefit to Homœopathy, and specialism contributes not a little to this change. Although we ourselves do not oppose the external application of the homœopathic remedies indicated, yet, we would not recommend a merely local treatment, especially in the case of remedies, the effect of which is not sufficiently known to us from previous physiological provings.

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## IS ACONITE A REMEDY IN FEVER?

By Dr. Derlin in Liegnitz.

Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Zeitschr. fuer Hom.*, April and May, 1898.

On the 18th of May, 1897, I was called to visit by railroad a girl of fourteen years, who for five days had been sick and treated allopathically without success, as I was told on getting there. The patient lay in bed extremely weak and debilitated, so that

she had to be supported while I was examining her thoracic organs. She acted as if she were extremely muddled and her replies came very slowly. She had not asked for anything to eat or to drink, but only complained occasionally about pains in the abdomen. At first there was constipation, but for one day and a half there had been frequent yellow, pappy diarrhoeaic stools. Occasional cough. The pulse was small and quick. An examination of the chest showed squeaking and humming on the right side in the axilla, *i. e.*, dry noises in the finer ramifications of the bronchia. The body was extremely sensitive to pressure. Temperature  $40.2^{\circ}$  ( $104^{\circ}$  Fahrenheit), thus a high fever. She had taken many remedies, among them a series of antipyrin powders for the fever, and lastly a series of powerful mercurial powders (Calomel). It was difficult if not impossible to make a correct diagnosis, and to determine the cause of the fever, whether in the chest or in the abdomen or in both. Who could decide what was due to the natural disease itself and what to the different medicines ingested? Were the diarrhoea and the painfulness of the body a consequence of the mercury or was there an acute inflammation of the bowels? I could not decide the matter at my first examination. Consequently I gave *Rhus tox.* 3 to combat the symptoms present (the weakness and muddled state—there was no restlessness or anxiety—then also the diarrhoea), and *Phosphorus* 5 from the fear that there was an incipient pneumonia on the right lung. Both these remedies were given at intervals of one hour, in alternation, four drops. Besides this, every afternoon and evening a half-bath at  $25^{\circ}$  R ( $88^{\circ}$  Fahrenheit) should be given from eight to ten minutes, to counteract the fever.

When I had pretty well made my arrangements, my allopathic colleague entered the room, without knowing of my presence. I told him that I only used the homœopathic method of treating, and had prescribed the above-mentioned remedies. My colleague also had been unable to diagnose the case clearly, as I had already seen from the five prescribed recipes, every day a new one. I only wish to relate as to the course of this case that we met daily in the afternoon by the sickbed, and that the general state was much better on the 19th of May. Her muddled state had disappeared, the diarrhoea had not returned, but there had been a formed stool. The sensitiveness of the abdomen to pressure had also much diminished. No pneumonia showed itself either

then or on the following days. The temperature had sunk to  $39.1^{\circ}$  ( $102^{\circ}$  Fahr.). The bronchial inflammation had, however, extended somewhat. Prescription, *Phosphorus* 5, every two hours, five days. On the 20th of May a mucous rattle appeared in the bronchia, for which I prescribed *Tartarus emet* 3 trituration every two hours, as much as would lie on the point of a knife. On the 22d of May we found the child free from fever and with a good appetite; only a slight cough remained. *China* 1 four times a day five drops.

At our first meeting my colleague asked me why I had not given *Aconite*, as it was claimed that that remedy depressed the fever. I, of course, gave him my reasons, stating that *Aconite* might, indeed, in certain cases depress the fever; but that this was done in a manner quite different from that in which the allopathic febrifuges acted, I will here enter more particularly upon this point concerning which there is so much obscurity among the adherents of Homœopathy.

We have in allopathy a number of remedies, such as *Antifebrin*, *Antipyrin*, *Quinine*, etc., which when used in proper doses depress the fever for 2 3 hours by  $0.5^{\circ}$ — $1^{\circ}$  without exercising the least effect on the inflammation, on the disease, of which the fever is a symptom. Besides, all these remedies produce also disagreeable, hurtful concomitant effects on the heart, the stomach and other organs; so that eventually the slight advantage gained is countervailed by a much greater disadvantage. Where there is fire there will be heat; they cannot be separated. So there can be no extensive inflammation without fever!

When there is an inflammation in the body, whether it be in the brain, the lungs, the kidneys, the bladder or the intestines, etc., or when the body is attacked with measles, scarlatina, diphtheria, etc., then fever is the first symptoms, showing us the disease often a long time before the physician can determine the organ affected or the disease. The fever accompanies the inflammation up to its final extinction, when it disappears of itself. From this it follows that all febrifuges should be altogether rejected, unless they at the same time act in a curative manner on the morbid process, or if they, as all the allopathic febrifuges do, debilitate the body.

How then is *Aconite* related to fever? It is no febrifuge in the proper sense of the word, like the above mentioned allopathic remedies, but it is a remedy against inflammation. *Aconite* al-

lays the inflammation as well as the excitation of the arterial vascular system caused by it, and then the fever subsides of itself. But *Aconite* must not be given according to the allopathic routine in any kind of fever, but there must be the following symptoms: there must be a violent vascular excitation with quickened *beat* of the heart and *pulse*, over 100 beats a minute; the pulse must be *full* and hard, *i. e.*, the pulse should disappear under the compressing finger only on strong pressure. For a weak and soft pulse, pointing to weakness of the heart, *Aconite* is not suitable. The body must at the same time be *burning hot* and *dry*, the heat must be *acute* and *continuous* not alternating. The mental symptoms are also of importance. *Excitement* and *restlessness* do not permit the patient to lie quiet; he tosses about, laments, is in despair and dissatisfied with everything. At the same time the patient shows a certain anxiety in his features and laments also himself at times about *anxious feelings* and even *deadly anguish*. Only when the inflammation or the inflammatory fever is accompanied by such symptoms can we expect help from *Aconite*. Such a fever was formerly called *sthenic* (from the Greek *sthenos*, strength), *i. e.*, a fever with a strong cardiac action and an excitation of the nervous system, as opposed to an *asthenic* fever attended with general dyscrasia, obtuseness, weakness of the heart, etc., as in typhus fever, scarlatina, tuberculosis, etc. Of all these symptoms none appeared in the case mentioned; the pulse was accelerated, indeed, but small and weak and easily suppressed. So, also, there was no excitation, on the contrary, a manifest depression. Therefore, *Aconite* could not be used. The fever for which *Aconite* is suitable must be acute, must appear suddenly and be continuous. In slow fevers and such as diminish and at times disappear altogether, *e. g.*, in chills and fever, *Aconite* should not be used. The main sphere of *Aconite* is in fevers caused by taking cold, thence also for diseases resulting from taking cold. These are generally preceded by chilliness or a shaking chill, then there follows heat with the symptoms noted above, and, finally, perspiration breaking out gives a relief or may even entirely put an end to the inflammatory fever. *Aconite* should therefore be given at once when an inflammatory fever breaks out, whether this to be a consequence of a disease in the head, the chest, the abdomen, the joints or of a disease as yet unknown and not yet localized; however it may be, an inflam-

matory fever is a pressing indication in every case of *Aconite*. I myself take *Aconite* as a prophylatic whenever I suppose that I have taken cold, and I imagine that I have thereby prevented many a catarrh, sore throat, etc. In fever I generally prescribe the 3d or 4th decimal attenuation, to be taken according to the violence of the symptoms every 10-30 minutes, or every one to two hours, giving five drops in a teaspoonful of water. Very often worse diseases are prevented by its timely application, or we effectually check their extension. I have often seen after the use of *Aconite* for 6-12 hours a considerable diminution of the excessive vascular action of the fever and the pains, and after twenty-four hours the whole image of the disease has been removed or the disease has been reduced to the stage of localization, *i. e.*, an accurate examination was then enabled to establish the exact disease, as pneumonia, pleurisy, measles, scarlatina, arthritic rheumatism, etc. With the localization, the *Aconite* symptoms mostly vanish and other objective and subjective symptoms then become prominent, so that we must have recourse to other remedies.

*Aconite* is not, therefore, a remedy which acts directly to depress fever like antipyrin, antifebrin, etc., but its action is indirect, as with the suppression of the disease the fever also decreases. Homœopathy knows no febrifuge like the allopathic remedies mentioned above, but its remedies are directed in the first place against the fundamental disease causing the fever, they thus go to the root of the trouble, and they are selected according to the causes of the diseases and according to their symptoms, the remedies being selected in agreement with the physiological action of the remedies, or the law of similars. *Fever is never the object of treatment in Homœopathy*, but it treats first the causative as well as the objective and subjective symptoms of the disease.

If it is necessary to treat the symptom of fever itself (this is necessary when the temperature continues for some time above 39° C., *i. e.*, above 102° Fahrenheit) then we should use the half-baths at a temperature of 77° to 80° F., allowing an immersion of from 8-10 minutes, or packing in wet sheets from the ankles to the knees at a temperature of 61° to 68° Fahr., changing them as they get warm. Four to six packings at a time are sufficient.

## PART II.

In what now follows, I shall attempt to illustrate the foregoing remarks on *Aconite* by practical examples.

1. Katie G., three years old, was taken on the morning of Jan. 27th, 1897, with violent fever and vomiting.\* Now and then a slight fit of coughing. When examining her at noon I could hardly discover anything as being the matter; only in one spot on the chest the respiratory murmur was in so far changed that an incipient pneumonia might be indicated. I stated this to the parents, but added that there might as well be something else the matter with the little one, and this would appear by the next day. The body was *dry* and *hot*, the temperature  $40.6^{\circ}$  ( $105^{\circ}$  F), the face a fiery red with an anxious expression; great *restlessness*, so that she continually wanted to get up out of bed, and asked first for one thing, then for another. When she received the same, it would not suit her. The *pulse accelerated, full and hard*. I prescribed *Aconite* 2 ten drops in three-fourths of a wineglass full of water, giving her a teaspoonful every ten minutes. But as soon as perspiration set in and her restlessness decreased, she should be given only a teaspoonful every hour. Besides this, I ordered that if the temperature at 9 P. M. should still be above  $39^{\circ}$  ( $103^{\circ}$  F.) she should be given a half-bath. Next day the little patient was free from fever and quite merry. Toward evening perspiration and tranquillity had set in, so that the bath had not been needed. The night had been a pretty quiet one.

2. On the 1st of Jan., 1897, I was called to Cabinet maker M., as he was reported to me to be ill of pleurisy from taking a cold during a sleighing party on the preceding day. The patient had a red, hot head, so also a *burning* heat all over the body, temperature  $39.5^{\circ}$  ( $104^{\circ}$  F.). He complained of considerable shortness of breath, as he had a most violent lancination in the right side of the breast whenever he took a deep breath. The 4th rib was quite painful to pressure, but especially the muscles between the 4th and 5th ribs. Nothing abnormal was discovered in the lung itself, nor could I find any pleurisy. There was, therefore, only an inflammation of the muscles, especially those between the 4th and 5th ribs (*Myosis intercostalis*). At the same

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\*With children, vomiting is frequent at the commencement of an acute fibrile disease. In adults a shaking chill takes its place.



time the patient was in a state of sheer *despair* and extreme *excitation*, so that he had not shut an eye that night, but had continually tossed about in his bed, as his wife stated. The pulse was *quick, full and hard*, showing the vascular system to be in a state of extreme excitation. The stitching pain was most violent during the impulses of dry short coughing which frequently appeared. Owing to the *acute* inflammation as well as the accompanying febrile symptoms, it was not difficult to hit upon the appropriate medicine. I gave him *Aconite* 3 five drops in a teaspoonful of water, at first every quarter of an hour, then every hour. Cold water compresses on the painful spot had been tried, but he was not able to bear them. Next day his state showed a decided improvement. The pains could be born more easily, so that he could respire more deeply. The fever had entirely disappeared. I continued *Aconite*, five drops every two hours, and at noon and in the evening hot water compresses were placed on the spot which continued painful, the compresses being renewed every ten minutes. On the 3d day the patient went back to his work.

3. A boy Z., twelve years of age, suddenly took sick of fever on September 8th, 1897. On the 9th of September the fever was moderate during the day, but toward evening he began to talk foolish, rose up from bed and wanted to go out. (*Excitation.*) It was stated that there were also convulsive twitches all over the body; this was of course a consequence of the great heat and the rush of blood to the head. The boy only complained of his head, saying that he had no other pains. I examined the chest and the abdomen, but found nothing additional finally I examined his throat and found here a deep redness and swelling of the mucous membrane and of the tonsils, and on the latter on each side a white coating as large as a dime. This indicated *diphtheria*. The fever was  $39.8^{\circ}$  ( $103.6^{\circ}$  F.); the body was *dry* and *hot*, the *pulse much accelerated, hard*. Many a one could here have thought *Aconite* the proper medicine, since the fever symptoms all pointed to *Aconite*. But the local symptoms—violent swelling, deep redness and exudation—were plainly contra-indications. *Aconite* might have been in place twenty-four hours before, when with the same febrile symptoms the neck began to be inflamed and the color of the mucous membranes was still light red. But after the process has advanced further and the redness has become darker and a slight swelling appears, *Belladonna* claims



the case. When later on the redness of the fauces passes over into a dark and bluish hue, and the more the swelling has increased the less will *Belladonna* prove effective, and so much the more *Mercurius* is indicated. The stage of inflammation of the throat for which *Aconite* is indicated usually passes unnoticed. Usually attention is directed to it when the *Belladonna* or *Mercurius* stage has already been reached. In this case I prescribed *Mercurius bijodat ruber* 3 and *Apis* 5 every hour in alternation, as much as would lie on the point of a penknife. It is not sufficient to ascertain that there is an external similarity between the symptoms of the disease and the remedy to be selected; it is essential that there should also be an internal agreement of the natural disease with the medicinal disease with respect to location, kind and character, an agreement such as is demanded by the homœopathic principles of cure. Only then do we practice scientific homœopathy. The similarity between this case and *Aconite* was in this instance merely a superficial and external one. Besides the remedy indicated, I had cold water compresses applied to his head every five minutes and some water compresses at 18° R. (72.5° F.) to the body to diminish somewhat the intensity of the fever.

September 9. The night had been a pretty quiet one. At noon the boy complained yet somewhat about his headache, but, strange to say, not at all about his throat, neither then nor later on. The fever had abated entirely and the boy felt pretty well, also showed some appetite. The swelling in the throat remained the same, but the exudation had decidedly increased being half as large again, and had reached the uvula. I ordered them to give him lemon-water every two hours (one teaspoonful of fresh juice to a tumblerful of water) to gargle his throat with, and every 2-3 hours I ordered a water compress at 18° R. (72.5° F.) well covered with flannel to be put around his throat.

September 10. The same condition, only the swelling had decreased somewhat. On September 11th. The swelling and exudation had diminished by one-half. September 12th. The exudation reduced to the size of a pea. The uvula quite free from it. September 13th. No more exudation. The neck only of a pale red. The child else well. *Mercur. bijod.* and *Apis* were given in alternation every two hours from September 11 onward.

4. On *October* 30, 1897, at noon, I was called to see C. B., a boy of three years, who the evening before had *suddenly* commenced

to be feverish. The face was of a fiery red; at the same time he was *anxious*, and the whole body was *burning hot*. Temperature  $40.2^{\circ}$  ( $104.3^{\circ}$  F.) The *pulse could hardly be counted*, *hard* and *vigorous*; accompanied with extreme *restlessness*; the little patient at one time wanted to be moved from the bed to the sofa, or on the arm, then again into the bed; in short, nothing suited him. A careful examination showed nothing particular. I prescribed *Aconite* 3 every hour five drops and toward evening a half-bath of 8–10 minutes; as a beverage first of all, cold milk, fresh water, eventually with some lemon-juice. No appetite, violent thirst.

*October 31.* The night was more quiet than the preceding one; the mother several times observed a slight perspiration. The boy lay quietly in his bed, with an indifferent expression, without asking for anything. The body was hot, but somewhat humid; temperature  $39.8^{\circ}$  ( $103.6^{\circ}$  F.). The pulse more quiet, less excited. In the night a dry cough had set in. An examination now showed an inflammation in the middle lobe of the right lung (pneumonia) with all its symptoms, as a complete dullness, bronchial respiration, only some crepitation (crepitatio *indux*) in the highest parts, a sign that the inflammatory infiltration was not yet complete here. With this change in the morbid character I had to give up *Aconite*. The external morbid symptoms were no more in agreement with it, and still less the interior symptoms in the lung. For *Aconite* corresponds to an inflammation only so long as this is essentially confined to the blood vessels, *i. e.*, so long as there is merely an enlargement of the blood vessels and a simple fullness from a rush of blood. But when an exudation into the surrounding tissue takes place, or an infiltration, then *Aconite* ceases to be suitable. I now gave him *Iod.* 3 (made from an allopathic tincture of *Iodine* D. I), five drops in a teaspoonful of water every hour.

*Nov. 1.* The same state; temperature  $39.9^{\circ}$  ( $104^{\circ}$  F.). *Nov. 2.* The patient is more cheerful, asks for one thing and another, a picture-book, toys, etc., temperature  $39.1^{\circ}$  ( $102.2^{\circ}$  F.). In the lower part of the inflamed lobe a slight rattling with small bubbles, a sign of the commencement of resolution (crepitatio *redux*). *Nov. 3d.* Temperature  $38.1^{\circ}$  ( $100.6^{\circ}$  F.). Rattling now also appears in the superior portion of the lobe. *Nov. 4.* Temperature  $99.5^{\circ}$  F.; the child is merry, sits up in bed and plays. It shows appetite. Thus this case of pneumonia was quickly cured with *Aconite* and *Iodine*.

In connection with this case, I will describe a similar case in a girl of seven years; this is of additional interest, as her older brother, ill of the same disease in the adjacent room, was treated allopathically.

5. B. A., the daughter of a locksmith, was reported to have had, eight days before, an eruption like measles, lasting for twenty-four hours. During this she was not quite well, but continued attending school. On the evening of *March* 15, 1897, she showed a dry burning heat, a dry cough, in the night a broken sleep, with fantasies, and toward morning she complained of lancinations in the right flank and in the right side of the upper part of the body. No appetite, stool normal. On the 16th of *March* at noon her temperature was 103° F. *The body all over was burning hot, the pulse much accelerated, not easily suppressed. Expression anxious. great restlessness.* On examination showed dry noises (whistling and humming) over the right middle lobe; in a place as large as a half dollar an increased respiratory sound, approaching bronchial respiration, while the sound was not quite normal; all of these signs indicated the beginning of pneumonia as probable. I prescribed *Aconite* 3, and *Phosphor.* 5, five drops, alternating every hour. The first remedy was indicated by the febrile symptoms, the latter by the strong indications of an initiatory pneumonia. For as soon as the pulmonary infiltration begins, *Aconite* is powerless. It only corresponds to the first stage of pneumonia, the hyperæmia of the lungs. *Phosphorus*, however, can check infiltration, especially in the case of catarrhal pneumonia or bronchial pneumonia, *i. e.*, a pneumonia caused by the propagation of a bronchial catarrh into the pulmonary cells. On *March* 17 the general state was much the same; temperature 103.6° F. She still complained of stitches in the anterior part of the body. The cough was short, with a rare expectoration of a rusty color. There was a dullness extending over the larger interior half of the middle right lobe; over the smaller superior part of the lobe there was a crepitating rattle, a sign that the infiltration there was not complete. I stopped the *Aconite*. *Phosphorus* was continued, 5 drops every two hours. *March* 18. The whole lobe was infiltrated, the percussion quite dull, bronchial breathing; temperature 103° F. The breathing short, the chest tight. I stopped *Phosphorus* and gave instead *Iodine D.* 3, five drops every two hours. *March* 19. The same morbid image; temperature, 102° F. There is nowhere as yet any sign of a

resolution of the pneumonic exudation (no rattling). I continued the *Iodine*. On *March* 20 the night was good, toward morning a slight perspiration appeared. The patient felt much easier, she breathed more freely, showed appetite. Temperature, 100.8° F. Rattling appears over the inferior part of the lobe, the resolution is beginning. *March* 21. The patient is sitting in her bed, reading a school-book. The fever has disappeared, hunger; the general state is good, the expectoration is yellow. I stopped *Iodine* and gave *Tartar. em.* 3 to forward the expectoration, giving every two hours as much as would lie on the tip of a small knife. During the first days (till *March* 19) wet sheets at 72.5° F. were wrapped round the body to reduce the fever. On the 17th of *March*, when I made my second call, I found her brother, 16 years of age, a butcher's apprentice, in the house; he looked bluish, shook from a chill and complained of stitches in the side. In the afternoon they called in the physician of the lodge, and he diagnosed it as pneumonia, and according to the father's statement, it was posterior on the right inferior lobe, just as in the daughter. The same disease was treated, therefore, in the same family, in the one case homœopathically in the other allopathically. Naturally enough, I took great interest in the treatment of the brother. The mother told me that my allopathic colleague stated that the fever mounted every night to 104° to 106° F. and the nights were "simply terrible," as the patient continually tried to get out of bed and had to be continually watched. At the same time he was in a violent delirium. On the 22d of *March* at 1 P. M. I found him in delirium and noisy, as he thought he was driving a cow. As the course of the disease with the daughter was so much milder, and she slept the greater part of the night, the mother seemed inclined to give her son also some of my brown drops (*Iodine*), but I would not allow that. On *March* 24. I again visited my patient, less on her account, than to see how her brother was doing. He had shown a violent heat in the night from the 23d to the 24th and been in delirium, but toward morning perspiration broke out and he became more quiet, the crisis having appeared. The physician said there was hardly any more fever. The course of this case was a very severe one, lasting from the 17th to the 23d of *March*, thus 7 days, while with the sister, under homœopathic treatment, the course of the disease was a mild one and only lasted from the 17th to the 20th, thus only four days, for on the

20th I could announce the commencement of the resolution as well as a diminution of the fever to 100.8° F. I only give these bare facts without attempting to draw any conclusion from them.

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## CURATIVE EFFECTS OF OILS.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatshefte fuer Homœopathie*, May, 1898.

By accident rather than purposely, in my study of medicine I was led to particularly study the effects of the various oils. The simplicity and innocuousness of their application had something attractive and prepossessing in my eyes; then there were various other causes which led me to further investigate their effects. In the first place I was attracted by the cures enumerated in the oldest medical literature, and I almost instinctively felt their correctness. Then again I was compelled to use various oils in cases in which all other therapeutic measures had proved ineffectual, and finally I was compelled to draw logical conclusions from my own experiments and experience. I can only state in conclusion that the more I have used these substances the more interesting they became to me *and the more curative effects I discovered in them*. Since publishing my work "*Die Oele als Arznei und Volksheilmittel*" ("The oils as medicines and as popular remedies") I have found out many new and valuable facts about them in my practice.

I will here only particularize some of the best known oils, true and genuine popular remedies, such as *olive oil*, *arnica oil* and *oil of turpentine*, and first of all bring out their antiphlogistic (anti-inflammatory) properties, and at the same time endeavor to explain the reason and mode of their curative effects.

Anointing with *fatty oil* is extremely useful in vascular inflammations (especially those of the veins), in muscular rheumatism, in inflammation of the subcutaneous tissue and even of the periosteum. The more *superficial* such an inflamed spot may be, and the more easily it may be reached, the greater are the chances of a beneficial application of the oil. The most painful and most obstinate *inflammations of the veins* and the various indurations under the skin can be removed thereby.

Now *in what way* does anointing with oil operate in such conditions? In a few words: as an *emollient* and *dispersive*. In all inflammatory states of soft and parenchymatous organs and cor-

poreal parts we find *indurations*. A violently inflamed intestine produces in the patient a sensation as if he had stones in his abdomen and the single intestinal coil when felt from without through the abdominal integuments feel like thick wire ropes; in the same way the stomach and liver when inflamed are felt as hard bodies. The lungs in an advanced state of inflammation also become hard and thence impervious to the air; and in this very condition lies the great danger of pneumonia. An inflamed vein feels like a hard meandering cord, and the so-called *hard* pulse (of the artery) is considered as a characteristic sign of a general condition of inflammation and fever of the organism. *Swellings* and *abscesses* of any kind also point to a state of induration. Either the parts concerned are *tense* or pronouncedly *hard*, *firm* and *knotty*, in which state they remain until a crisis ensues through their breaking open or through internal dispersion. Also rheumatic inflammations are to be enumerated under this heading. Through the external rubbing with oil or fat, the skin and also the entire subcutaneous tissue is *softened* and again becomes *permeable* for the circulation of fluids. The blood that has been checked can pass off more easily and it carries with it the products arising from inflammations. In this or a similar manner we must conceive of the curative action of oils in such cases. Where bones and the periosteum are concerned, we must consider the soothing of irritations produced by oils as fatty substances.

Pure *Sweet oil* or *Olive oil* is indicated in various vascular inflammations, as in sore mammæ in cutaneous inflammations, erysipelas of the face, erysipelas bullosum, painful hæmorrhoidal knots, etc.

*Arnica oil* has in general the same sphere of activity, but is especially useful after mechanical injuries (contusions, blows, crushing) and in the effect of such injuries. It is particularly effective in irritations and inflammations of the periosteum, as also in injuries to the bones themselves where the cutaneous integuments have not been broken.

*Oil of Turpentine* (or Spirits of Turpentine) corresponds especially to *rheumatic* inflammations and indurations, also swelling from the stings of insects or the influence of other poisons. Often a single rubbing with it suffices to remove at their very origin rheumatic pains arising from taking cold, and the weakness remaining in the joints after acute articular rheuma-

tism is favorably influenced by a repeated rubbing with spirits of turpentine, which has a stimulating and warming effect. In the same way an inveterate muscular rheumatism which kept returning for years was gradually removed. That spirits of turpentine are also an excellent remedy in that troublesome acne which so often disfigures the face and appears especially with young folks has been stated before.

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## ON VACCINATION.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatshefte fuer Hom.*, May, 1898.

Professor Carlo Ruata has written an open letter in opposition to vaccination, addressed to the University of Perugia, published in the *Corriere della Sera*, of Milan, Italy. Hundreds of heads of families in Milan had been lately severely punished because they refused to subject themselves and their families to a reiterated vaccination when there were some cases of smallpox in certain parts of the city. The punishment consisted in imprisonment for thirty days. Prof. Ruata, one of the most celebrated of the Italian hygienists, declares that such punishments are not only unlawful, but also unjust. They are unlawful because repeated vaccination is not prescribed by the laws of the State, and unjust because the value of vaccination is itself very problematical. This learned man considers that vaccination is, to say the least, not quite innocuous, while its value amounts to nothing at all.

At the twelfth medical Congress in Moscow (1897) the Russian physician Dr. *Bagiinsky*, of Wilna, described the normal course of inoculation with vaccine virus to be the following: "In the normal process of vaccination the redness should not appear before the end of the fourth day; the border of red in the pustule should not extend to more than 1-1.5 centimeters (.4 to .6 of an inch); and the reddened skin when touched should not be swollen; the color of the pustule from the fifth to the eighth day should be of a dark mother-of-pearl color, without any yellowish admixture; there should be a total lack of any increase in temperature."

In comparing actual experience with this normal process, it will be found that vaccination corresponds only exceptionally to this normal course, from which it is manifest that the vaccina-



tors have really no control over the poison which they compulsorily introduce into the healthy bodies of others!

To this we would add that in *Austria* nobody can be compelled to have his children vaccinated. Access to the public schools cannot be denied to any unvaccinated child. No child can be vaccinated in any curative establishment or in any school without the consent of the parents. Whoever does this is liable to punishment.

What is possible in Austria, should that not also be attainable in Germany? United efforts must eventually attain the goal.

In *Breslau* an anti-vaccination society was established some time ago and between six and seven hundred persons at once joined it. So that the anti-vaccination question is now being mooted also in Silesia. May this example find many imitators!

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## EXTERNAL USE OF HOMŒOPATHIC REMEDIES.

By C. Peregrinus.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatsh. fuer. Hom.*, May, 1898.

THE EXTERNAL USE OF HOMŒOPATHIC REMEDIES We have before this referred to the fact that besides the remedies commonly applied external, such as *Arnica*, *Calendula*, etc., there are still very many other remedies commonly only used internally which are suitable for external use. Such an application of *Belladonna* in the case of a crick in the back is well known. Less known, however, is the external application of *Bryonia*, etc. Pharmaceutist Goret, in the *Journal Belge*, gives a useful summary of such medicines, from which we excerpt the following:

*Bryonia alba* also has a well developed external effect. It is applied successfully by rubbing with it in rheumatic attacks, the characteristic of which is that they are worse from motion. It is also useful in a "stiff neck." This rubbing is effected with 5 drops of the tincture in 100 drops of alcohol.

*Calendula officinalis*. A very valuable remedy frequently used by Homœopaths. It has a powerful antiseptic action, almost like *Corrosive sublimate*, without its danger. (In America it is frequently used as an antiseptic, C. P.) It may be used in the tincture or mixed with water. When used as a tincture it is a



good substitute for *Arnica* tincture, which frequently causes erysipelas with persons subject to it. When mixed with water (25-50%) it serves to bind up bleeding wounds and abrasions or chaps of the skin. As a salve (10%) it may be used in all cases where a fatty substance is useful or necessary.

*Cantharis.* *Cantharis* tincture is to be recommended for rubbing on in burns of the first degree. For this purpose a one per cent. salve should be made with vaseline or lanolin. The bandage should be renewed in the morning and evening. This salve is also of excellent use in chilblains. In burns of the second degree, where blisters have formed, the pains are rapidly removed by washing with a 1% dilution.

*Chamomilla vulgaris.* *Chamomilla*, which is so useful as an internal remedy, is equally so as an external application. Oil of *Chamomilla*, or, better yet, a mixture of olive oil and 5 to 10 per cent. *Chamomilla*, is an effective remedy for the colic of infants; for this purpose their abdomen is rubbed with it, and this whether the colic comes from teething or from other causes. It is also effective in the pains preceding menstruation or consequent thereon, in the soreness of the newly born, in violent rheumatic pains especially at night, and finally in conjunction with internal remedies to relieve the colic consequent on parturition.

*Clematis vitalba.* A remedy very little used, but, nevertheless, of great effect in caries of the teeth. A little ball of raw cotton moistened with the tincture and introduced into a hollow tooth frequently assuages almost in a moment the most violent pains.

*Conium maculatum.* This remedy is very useful in cancerous diseases. Either a 10% salve may be made of it, or a compress of a 10% dilution in water may be applied.

*Condurango.* This remedy is frequently used internally in cancerous diseases, but its action also appears on external application and the appearance of ulcers rapidly changes under its action. The best mode of applying it is as a 5% vaseline ointment on a piece of cambric or some other soft material. The bandage should be renewed 3-4 times a day.

*Cuprum metallicum.* The 6 C. dilution of this remedy mixed with oil (15-20%) when rubbed in externally is a great support to the internal use of the same remedy in violent convulsive pains, especially in cases resembling cholera.

*Euphrasia officinalis* is very useful in diseases of the conjunctiva and of the eyelids. Eyes chronically inflamed should be

bathed morning and evening with luke-warm water, to which 1-2% of this tincture has been added. It is also useful when inhaled in a violent cold, when there are violent stitches and continual lachrymation of the eyes.

*Gelsemium sempervirens*.—This remedy has been found very effective when inhaled during a cold and especially in the asthma accompanying "hay-fever." The mother tincture should be poured into a wide-mouthed bottle and vigorously inhaled.

*Geranium maculatum*.—Is a remedy but little known, but deserves to be more so, as it is able to cure the most violent epistaxis. We had an opportunity of trying its effects on a young workman sent to us by his boss as being a desperate case. His nose had been bleeding for over an hour, and the bleeding could not be checked by all the remedies usually applied, such as cold water poured on the neck, sipping cold water, props of raw cotton moistened with chloride of iron. A few drops of the tincture in water dawn up in the nose, while the same remedy was also given internally, stopped the bleeding in less than a minute. External application: 20-25 drops; internal application: 10 gr. in 150 gr. of water, a tablespoonful as a dose.

*Graphites*.—Too inert to force itself into notice and too unknown to be even mentioned in the official pharmacopœia, *Graphites* is nevertheless a remedy much used in Homœopathic treatment. Besides its extensive internal sphere of action, every Homœopath will also be able to affirm its efficacy in cutaneous diseases when applied externally. Ointment of *Graphites*, 1 gr. of the 1 or 2 D. to 30 gr. of lanolin, will quickly cure tetter, eczema, little sores with an indolent scurf on the margin of wounds, also itching nodules which often occupy the entire nose or chin. It is also a general cure for ulcers.

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## MEDICAL HINTS.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatsh. fuer Hom.*, May, 1898.

CHARACTERISTIC SYMPTOMS.—*Niccolum*, knocking of the knees while moving the head. *Nitr. acidum*, great sensitiveness of the head while out driving and stopping suddenly; sensation of splinters in the nose and in the neck; attacks of diarrhœa recurring every time on taking cold; ill-smelling or suppressed perspiration of the feet, especially when such sweat causes the feet to become sore, as also pinching pains; lancinating pains in the

warts. Especial weight is laid on the ever-recurring sensation of a splinter (according to Lippe).

**SMALL DOSES.**—The value of small doses where the remedy is correctly selected consists in this, that through their aid we are able so to modify the function of an organ which has been morbidly changed through the irritant action peculiar to the remedy, that finally a state similar or as similar as possible to its physiological state is restored. Also the physician at the Marienbad, Prof. Dr. *Kisch* (an allopath), recognizes the efficiency of the small doses of the minerals contained in the mineral waters, and thus occupies the homœopathic standpoint. In general we may say that the universally acknowledged efficacy of the mineral springs, which mostly contain only a trace of the acting substances, *e. g.*, *Iodine*, have ever served as an argument for the correctness of homœopathic principles of cure.

**THE BIOLOGICAL FUNDAMENTAL LAW**, as enunciated by Prof. *Arndt* is as follows: "Weak irritants stimulate the vital activities, (*i. e.*, those by which we recognize the existence of life); stronger irritants, *i. e.*, such as are of moderate strength, quicken them, strong irritants checks them, and the strongest annul them." This also gives an explanation of the efficacy of small, *i. e.*, homœopathic doses.

**EFFECTS OF PHOSPHORUS.**—Also the allopathic physician, Dr. *Hartrep*, uses our great and mighty polychrest in small (homœopathic) doses and is quite enthusiastic about the results. According to him the chief domain of *Phosphorus* is found in rickets. Besides this he finds it of use in *stimulating the intelligence* of children that are mentally backward, and removing symptoms of cerebral irritation, as also in curing *anæmia*, nervous states of *irritation* and *weakness* and *headache* recurring irregularly or periodically. This is nothing new for Homœopaths, for they know the potent influence of *Phosphorus* on the brain and its close relationship to the spine and the life of the nerves in general.

**Remedies for Gout.**—Gout is a pronounced dyscrasy or degeneration of the fluids, and therefore a general disease touching the whole organism, a constitutional disease. The most important homœopathic remedies for gout are *Sulphur*, *Silicea*, *Calcareo carb.* and *Lycopodium*. *Conium maculatum* is an important remedy in gout, especially when it causes visual disturbances, such as flickering and black spots before the eyes—everything seems to be in a fog.

### ANOTHER FORM OF ETHICAL OBLIQUITY.

The most insidious quackery is not outside of the profession. The most culpable writers of testimonials to patent medicines are not the clergymen. They are medical men, who, while they may have a fair degree of mental astuteness, or may have improved good opportunities for education and may hold prominent positions, have a certain bias in their faculties which allows them to twist themselves about, in stating scientific opinions, in a way which opens their pocket on the side next to the appreciative manufacturer. You read in a medical journal an article which purports to be purely scientific; or you listen to a lecture from one you have been led to suppose devoted to the study and elucidation of medical truth, and by and by you perceive that science is being juggled with to produce certain illusions. A recommendation of a certain proprietary article is dragged in, and you are chagrined and disgusted. Your confidence has been imposed upon. Or, perhaps (begging your pardon), you do not perceive the illusion; for there must be some among readers and hearers who are bamboozled, else such tricks would not continue to be practiced.

A lamentable feature is that journals can be found to publish such articles and lectures. Possibly the editors do not perceive the imposition upon the reader and the fraud upon legitimate medical literature. Possibly they do. Probably they do not care. But the discriminating reader will perceive it; and while he laments it he will resent it as an insult to his intelligence, as a traitorous attack upon truth, and as a disgrace to the profession which he loves.—*Cleveland Medical Journal*.

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### NAPHTHALIN.

My experience with *Naphthalin* in whooping-cough is as yet limited, but the results obtained have very much exceeded other remedies and I wish to cite a few cases in which the alleviation of the symptoms was soon appreciable.

CASE I.—Francis ———, a boy of 9 months, with a severe bronchitis as a complication. The breathing was labored. The respiratory murmur was feeble and a large number of sibilant

and sonorous râles were heard, when I was called to see the case. The child had become emaciated, had a cyanotic appearance, was unable to retain food for any length of time, because of the frequent paroxysms accompanied by vomiting, and was very much exhausted. Later, the moist râles became very prominent over the entire chest. The paroxysms were of great length, and accompanying was a free discharge of thick, tenacious mucus from the nose and mouth. Many of the favorite remedies employed in this disease were prescribed, but with little effect. *Naphthalin* was then given, four or five drops of the tincture in one-half glass of water. In a short time the paroxysms were lessened in severity and frequency, the expectoration was freer, the number of râles were lessened, and shortly convalescence was well established,

CASE II.—John ———, 3½ years, with an accompanying bronchitis. Symptoms worse at night. Paroxysms very long and severe; would hold his head to relieve the pain from coughing. Great difficulty experienced in breathing. A number of râles heard over portion of the chest, with little expectoration. After *Naphthalin* had been given for a short time improvement began, and terminated without further complications.

CASE III.—Patrick ———, a man 23 years of age, large physique and healthy appearance, contracted pertussis from other members of the family, and, although not accompanied by the whoop, the paroxysms were very severe. They were not frequent during the day but many during the night. He would wake the entire house by coughing and would become purple in the face. He had been suffering a week or two before I saw him. I prescribed *Drosera*, *Corrallium rub.*, *Ipecac* and *Hyoscyamus*, without appreciable improvement. He gradually grew worse until *Naphthalin* 1x in pellets was given. The spasmodic condition was relieved very shortly, and although the cough remained for a time it never became severe and soon entirely disappeared.—*W. A. Weaver, M. D., in Hahn. Monthly.*

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## AN INVOLUNTARY PROVING OF ANACARDIUM.

The fourth case I would bring before the members of this society is that of a rash produced by the tincture of *Anacardium*.

While running up this drug in my office, a few drops fell upon my hand, and without thought I touched the left side of my face. The next morning I found my left eye swollen and in-

flamed, having paroxysms every half hour of great burning and itching, which would frequently last about five minutes, passing off, leaving no other symptoms than a feeling of fullness and heaviness.

The following morning, my face was greatly swollen, almost entirely closed the left and partially the right eye producing a leathery feeling of the skin. By the third day, the face was highly inflamed, presenting a condition simulating that of erysipelas without the fever.

To the naked eye there appeared only a smooth, deeply red surface of the epidermis (aggravated by cold air); but on touch a sticky substance oozed out, which showed evidence of very minute vesicles.

This condition lasted about five days, when the œdema subsided, redness faded, the epidermis began to dry and scale off in small flakes.

This scaling process took several days. The face and small portions of the neck and back were the only parts affected.

No rash appearing on the hand which touched the drug, and no other symptoms of *Anacardium* were experienced.

Remedies used in promoting relief were *Apis* and *Arsenicum* which did good work in a short time. It was difficult to ascertain whether this condition could have been produced by *Rhus tox.* or *Anacardium*, as they produced a similar rash.

But not having handled *Rhus tox.* for some time previous and being fully aware of having used the *Anacardium* the night before the rash appeared, left no doubt but that *Anacardium* did the mischief which kept me somewhat retired from business for nearly one week beside causing sleepless nights, and the intolerable burning and itching as before stated. I have on three occasions been poisoned with *Rhus tox.*, and though the œdema, scaling, and itching were similar, there was no oozing of a sticky substance as that produced in the poisoning by *Anacardium*.—*M. L. Turton, M. D., in North Am. Jour. of Hom., Dec., 1897.*

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“BABIES do not have so much control of the intestines and more often they require a *persuader* of some kind to remove the milk curds and stink from the alimentary canal. For this purpose there is nothing better than copious doses of *pure olive oil*; not common sweet oil; it is poor stuff. What oil is not needed as a cathartic becomes a food and is digested. In fact, we believe pure olive oil can well replace cod liver oil at any time or for any purpose.”—*B. Medical Gleaner.*

## BOOK NOTICES.

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**Diseases of the Skin. Their Constitutional Nature and Cure.**

By J. Compton Burnett, M. D., Third Edition, revised and enlarged. 264 pages. Cloth, \$1.00; by mail, \$1.07. Philadelphia: Boericke and Tafel. 1898.

"Third edition" on the title page, of a medical work speaks stronger in its favor than any words a writer of book notices can pen, for the majority of them never see a second edition. For the benefit of those who have the previous editions we quote the following from the preface:

"For this third edition, I have added Part Third, dealing with the *cure of alopecia areata by constitutional remedies* without any local applications whatever." Throughout the book the author strongly takes the ground that skin diseases are the outward manifestations of an internal disease condition, and that it is highly detrimental to suppress them by external applications. This is the position taken by Hahnemann in *Chronic Diseases*, but Burnett introduces many new remedies that are not to be found in the older work. *Diseases of the Skin* is a work that can be read with profit, and ought to be read by every one who has the health of human beings intrusted to his care.

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**Atlas of Legal Medicine.** By Dr. Evon Hoffman, Professor of Legal Medicine and Director of Medico-Legal Institute at Vienna. Authorized translation from the German. Edited by Frederick Peterson, M. D., assisted by Aloysius O. J. Kelley, M. D. 56 plates in color and 193 illustrations in black. Price, \$3.50 net. Philadelphia: W. B. Saunders. 1898.

"There is, perhaps, no field of science in which the value of illustrations is greater than in forensic medicine," writes the editor, Dr. Peterson. "The problems which confront the coroner, the post-mortem examiner, and the courts of law must be solved by the presentation of indisputable facts." The numerous and rich illustrations in this book are made up from photographs and original drawings of actual cases making the volume a veritable treasure house of information.



**Atlas and Abstract of the Disease of the Larynx.** By Dr. L. Gründwald, of Munich. Authorized translation from the German. Edited by Chas. P. Grayson, M. D., with 107 colored figures on 44 plates. Price, \$2.50 net. Philadelphia: W. B. Saunders. 1898.

"The beginner," says Editor Grayson, "will find here a series of pathological conditions, illustrated with remarkable fidelity to nature, that it would undoubtedly require him a number of years to duplicate in actual practice; while the veteran, however rich in his experience, will note a precision, a *finesse* in diagnosis that cannot fail to be instructive and, perhaps, even inspiring." The illustrations in this as in the precedingly noticed "atlas" are very rich and accurate.

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**A Text-Book of Gynecology.** By James C. Wood, A. M., M. D., Professor of Gynecology in the Cleveland Homœopathic Medical College.

This is a very handsome volume containing nearly 1,000 pages. That the second edition of so large a volume should have been demanded in less than four years after the first is sufficient evidence that the work is one which has found favor with the profession. This is certainly *the* Homœopathic work on Gynecology. In this, the second edition has been thoroughly revised. To a greater or less extent every chapter and almost page has been altered. Some material has been expunged and much has been added. The chapters on "Electricity," Antiseptics and Asepsis Pelvic, Abscess, Malignant Diseases of the Uterus and injuries resulting from childbirth have practically been rewritten. A chapter devoted to those obstetrical operations which the abdominal surgeon is so often called upon to perform has been introduced. The volume, as a whole, maintains a high standard of excellence, both as regards the matter, the illustrations, and the general make up. It can but take a high rank in Gynecological Literature.—*Charlotte Medical Journal*.

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**The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera-morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels.** By James B. Bell, M. D. 4th edition.

It was in 1869 that the first edition of this work saw the light,

and in a short time "Bell on Diarrhœa" became, medically speaking, "a household word." If Dr. Bell's book is less known now than by homœopathic practitioners of 20 years ago, we feel inclined to say that it is rather a sign that prescribing is done to-day in a more hurried and routine manner than formerly. No person of extensive practice is satisfied with the results which are yielded by an empirical Homœopathy, if the term is permissible, in "loose evacuations of the bowels." Perhaps there is a danger of becoming willing to remain dissatisfied on account of the time and trouble required for careful and individual prescribing. Against these should be placed the results, for time and trouble will ultimately be minimized by the rapidity and thoroughness of a quickly curative prescription.

In the preface to the first edition, Dr. Bell informs us that his little labor-saving treatise "has not been intended to include every remedy that has been known to purge, but only every remedy of which enough is known, either of its stools, or conditions, or concomitants, to distinguish it from any other remedy." This is just the point, and on this depends success or failure.

In glancing over works of this kind we confess our tendency is to enquire where all the symptoms in the text and the index (Repertory) come from, and to reject all those which are not strictly pathogenetic. But here the "higher criticism" has no place. In a difficult or uncertain case we turn with the confidence born of long experience to "Bell," and find, with comparative ease, substantial and reliable aid. For the benefit of those not acquainted with our author, it may be stated that the first 204 pages consist of the description of the action of 140 drugs on the bowels, with aggravation, relief, conditions and concomitants. Another hundred pages furnish a Repertory—the part most often turned to in looking up a case in the practice of every day.

We hope our readers will soon make personal acquaintance of this little book.—*Monthly Homœopathic Review*.

# Homœopathic Recorder.

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## AN OFFER.

The June number of the *New England Medical Gazette*, published by Messrs. Otis Clapp & Son, homœopathic pharmacists and publishers of the new Pharmacopœia, contains a paper written by the senior member of that firm, in which he insinuates that the reason for the opposition of the RECORDER to the Pharmacopœia published by his firm is owing to the well-known fact that the publishers of the RECORDER are also publishers of what Mr. Clapp is pleased to term the "so called *American Homœopathic Pharmacopœia*." This same insinuation was made also by—to use Mr. Clapp's own term—the only other journal besides his own that "vehemently" supports the new work. We regret that these gentlemen cannot see above the shop, and beg leave to assure them that the fact that the publishers of this journal happen to have a Pharmacopœia on their large list of publications had absolutely nothing whatever to do with the opposition of this journal. We were led to oppose the new work solely and only because, in our opinion, its universal adoption would prove detrimental to the best interests of Homœopathy. The publishers (for the fight is made in each instance by the publishers) of the two journals (each with a pharmacy) may not be able to believe this statement, but we beg leave to assure them that it is a fact. If the RECORDER were guided by "the shop," it would never have uttered a word against the new work, as its directions entail no difficulty in the preparation of drugs, but, on the contrary, they can be (in many instances) prepared under its rules at considerably lower rates, owing to the fact that so made they are weaker; furthermore (from the shop point of view), there is a fat profit in selling this exorbi-

tantly-priced work, and no risk must be run of incurring enmity to "the house" by saying anything of its vital weakness on several points. (True, it will hurt Homœopathy, *but*—business is business. All this from the shop-point of view.)

In order to put an effectual stop to these insinuations, the editor of the *RECORDER* is authorized by the publishers of the *American Homœopathic Pharmacopœia*, Messrs. Boericke & Tafel, to donate to the American Institute of Homœopathy the plates of that work, provided that body will adopt the work officially and publish it at cost, or near enough to cost to merely pay the handling. This offer is made in good faith, and for the good of Homœopathy—for even our critics cannot find in it any chance for pelf.

While this phase of the subject is up we might ask: Who gets the profits of the new work? There is "big money" in it, the price being very high for a book of its size. Does the treasury of the Institute get them? If not, why not? If the Institute gets them (the profits), is it not a mistake for a body of its high character to tax students so much? Per contra, if the Institute does not get the profits, who does? And, if not, is it ethical for those who do to hive so much money under cover of that body's name?

To the vital objection advanced by the *RECORDER* to the new work—that it is suicidal to teach students the pathogenesies of drugs obtained from prescriptions that the would-be official *Pharmacopœia* condemns as inert—Mr. Clapp makes the following evasive reply:

"The second objection offered by Dr. Dewey and the *RECORDER* to the *Pharmacopœia* of the Institute is that it fails to recognize as official preparations dilutions made from triturations of insoluble substances.

"Without discussing the merits of this class of preparations, we would ask if this can be seriously considered as a valid objection? Can every form of preparation used in the old school be found in the United States *Pharmacopœia*? By no means; yet can anyone reasonably take exception to that work because of such omissions, or consider them cause sufficient for a general condemnation? Have our friends not misinterpreted the scope of a *Pharmacopœia*?"

What an answer is that! Cannot Mr. Clapp, and others who support the new work, see (aside from all miserable "financial interest") that this failure "to recognize as official preparations"—and their further condemnation as inert—carries with it the practical condemnation of Homœopathy? It was the won-

derful success of the earlier Homœopaths, *obtained by means of the very preparations that the new work refuses to recognize*, that made Homœopathy possible, and, consequently, the new Pharmacopœia! Leaving out all personal considerations, "financial interests," and everything but the naked truth, is not this position of the new work a sheer absurdity?

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IRREPRESSIBLE and pugnacious Mr. Hennig, publisher of the *Medical Visitor* and homœopathic pharmacist, comes to the fore again. He says the RECORDER uses "intemperate language," "vilification" and "invective" which are the language of the "nihilist and incendiary." Well! Well!! Well!!!

He also reiterates that *Belladonna* made according to Hahnemann's directions is "5.75 weaker than its drug power claims for it," or, at least, he does not retract, but defends that statement of his. So be it. We prefer to stick to the old *Belladonna*. Surely that is not nihilistic?

Having read all of Hahnemann's works, we were well aware of the fact that he used several preparations at different times and that he incorporated into his pathogenesies matter taken from various sources, but we always had the opinion that the directions for the preparation of the medicine that he gave in his published works were the ones to be followed by those who prepare the remedies and this is *all* we have been contending for—it may be "nihilistic and incendiary" on our part, but such was not the intention.

In his latest Mr. Hennig abandons his "quibbling about chaff" position on the vital question of the new pharmacopœia's condemnation of the dilution from insolubles and takes up the following one which differs from that taken by Mr. Clapp (See above). Mr. Hennig writes:

The question of the therapeutic activity, or inactivity, of the dilutions of insoluble drugs *concerns only the physician* and the editor of the RECORDER would have shown far less presumption had he, also, refrained from attempting its discussion. It is painful to be compelled to thus clearly indicate to him the indelicacy, to say the least, of his position on this subject, but it is necessary to thus illustrate the character of the critics of the new pharmacopœia. The opinion of the humblest *physician* upon the efficacy of such dilutions is worthy of serious consideration; but to presume to write upon such a topic when one is not so qualified, not only gives evidence of poor taste in disregarding the elementary principles of ethics, but one's very unqualifiedness for such a task is very apt indeed to come into distressing prominence.

Mr. Hennig has turned out some wonderful copy since he came out as a writer, but none that can surpass the foregoing in brilliant argument and unintentional broad humor. But really, friend Hennig, and all joking aside, if it is "indelicate" and "presumptuous" on part of the RECORDER to even discuss this awesome question, what language would you apply to that committee of pharmacists who dogmatically *decide* it by turning Hahnemann and Homœopathy down? If that committee had attended to its business and given the method of preparing these dilutions and left each physician to decide whether or not to use them no one could have objected, but when it arrogantly decides the question and in doing so casts the shame on all the homœopathic pioneers from Hahnemann down to Raue of being in error, and of reporting wonderful results with inert preparations, we think it time for all loyal Homœopaths to emphatically protest.

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EDITOR SMITH, after reproving the RECORDER for the error of its way in the pharmacopœia matter, concludes as follows:

But really we have no fight with the RECORDER man. We like him and his live little journal, and his newsy way of writing, and only regret that he persists in building a man of straw and then furiously jumps in and tears it down again. He will see it differently, too, as the years come and go, and it will not be long until the American Institute will meet in Philadelphia and we can drink each other's health in bumpers of the Schuylkill water and laugh at the remarks he has made concerning the Pharmacopœia of the American Institute, which, no doubt, he will then be heartily endorsing. Here's to your health, brother editor!

The chief objection we have to the foregoing is the bumpers of Schuylkill; that water is not bad, but we can put Editor Smith on to something better when he comes here which we hope will be soon.

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DR. W. P. HOWLE, writes in *Medical Brief*: "I would as soon undertake to pass judgment upon the character of a man by looking at his clothing as to undertake to diagnose disease by the quality of microbe I might find."

## PERSONAL.

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The American Institute of Homœopathy meets at Atlantic City next year. Do not fail to go.

Sajous' *Monthly Cyclopæia of Practical Medicine* has discovered that *Natrum mur.* is a remedy for intermittent fevers. Hurrah!

**NOTICE.** A good opportunity for physician of experience, wishing city practice. Will sell or rent. Address, A. B., No. 206 Morgan Building, Buffalo, N. Y.

**FOR SALE.** A \$3,000 practice in a very pleasant town of six thousand inhabitants, eighteen miles from Philadelphia. Possession given at once. Address all inquiries to SILEX, CARE P O. BOX 921, PHILADELPHIA, PA. *A good opening.*

C. H. Hubbard, M. D., has removed from 1637 Arch street to 1420 Chestnut street, Philadelphia, Pa.

Dewey's "Essentials," with preface by Dr. Richard Hughes, is being translated into Portuguese.

The *Syracuse Clinic* is now the baby journal of Homœopathy. Born May 1, 1898. It will keep you informed about the Syracuse (N. Y.) Homœopathic Hospital. 25 cents a year.

Dr. Parry's paper in this RECORDER is worthy of careful perusal.

Dr. Ira L. Fetterhoff has removed to La Fayette and Carrolton avenues, Baltimore.

The railroad man remarked, after hearing a long winded preacher, that he had "poor terminal facilities."

Patient aged 9 years, 6 months and 3 days, had been ill 2 years and 6 months; left 14 powders to be taken 2 times a day for 1 week. 2 powders cured him in 3 days.—(*Verbum sap.*)

Dr. J. O. Hendrix, formerly resident physician of Maryland Homœopathic Hospital, has opened an office at 737 North Ave., West, Baltimore.

MARRIED—Jas. L. Hooper, M. D., and Flora Cary. At home, 220 North Gilmore street, Baltimore.

Dr. H. Benge Simmons has located at Chestertown, Md.

You will be fully repaid in reading Burnett's *Diseases of the Skin*. 3d American edition just out.

While science is every day penetrating deeper into the minutiae of matter, the new pharmacopœia recently saddled on Homœopathy tries to confine that grand science of infinitesimals in the gross field of the microscope!

Talk of selling your birthright for a mess of pottage!

Whenever in doubt between two remedies consult Gross's *Comparative Materia Medica* and a flood of light will thereby be thrown on the subject.

Messrs. Boericke & Tafel will have a translation of the 25th edition of Schüssler's *Abridged Theraphy* ready for delivery about the end of July.

No old school work on the subject is as complete in all particulars as Wood's *Gynecology*; it is *the work par excellence*.

Well, subscribe for the RECORDER—\$1.00.



# THE HOMŒOPATHIC RECORDER.

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No. 8

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## HYGIENE.

By Anna Wood, M. D.\*

The first lesson children should be taught is, that no human being can do wrong without suffering for it. Doing wrong is violating any of God's laws. These laws include what are called laws of nature and moral law. Children should be taught that we reap what we sow, and the law of the harvest is to reap more than we sow. Young men are taught that they are expected to sow their wild oats. The old teaching was, it is dreadfully hard to do right. The only easy thing there is for us to do is doing right; but we must know how, and we must form the habit in childhood and youth of right thinking and acting. If we obey the natural laws, it is an easy matter to obey the moral law; mental and moral power is dependent upon physical health.

The literal meaning of doctor is to teach. The aim of intelligent medical practice is to restore people to health and teach them how to live so they will not need medicine. If people are obeying the laws of nature they have perfect health. If during the last century physicians had taught people to observe the laws of health instead of simply *dosing* and *charging* them mankind would be in a much better condition. The first step in the cure of any disease is to obey the laws of health which have been violated. God's laws can't be repealed. Disease and ill health are produced by a violation of some of the laws of nature either by ourselves or some of our ancestors, and God never made a system of medicine which will cure people and keep them well while they continue to violate the laws of health.

It is the birthright of every child to be well born. By this I mean they should have a healthy body, a sunshiny and hopeful

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\*Read before the Indiana Institute of Homœopathy, May 24, 1898.

disposition and a good intellect. If children are thus born and taught the golden rule by parents and teachers, and taught the laws of health as regards diet, dress, etc., when they reach manhood and womanhood they will be healthy, happy, useful members of society. But if during gestation, when a woman has the privilege of producing a philanthropist, statesman, poet or philosopher, she is sick, unhappy, cross, irritable and has murder in her mind and heart, is it strange if her children trample upon her wishes and bring her in gray hairs and sorrow to the grave bemoaning the ingratitude of her children and the loneliness of her condition? The liars, thieves, drunkards, murderers, paupers and prostitutes of our day are less responsible for their crimes against themselves, against society and against Heaven than those who were instrumental in bringing them into the world.

A majority of physicians dislike the practice of obstetrics. The curse of fashion and the long list of perverting influences are responsible for the terrible agony frequently attending parturition. If women would dress in the proper manner, eat nothing but plain diet, drink nothing at meals and nothing but pure water at any time, take the right kind and proper amount of exercise, breathe pure air, take plenty of sunshine, always sleep alone and observe the laws of chastity they would suffer no more in labor than the lower animals. I do not mean that she should observe these laws simply the nine months previous to parturition, but that she should observe them during life. Women are taught to consider the menopause as a very critical time of life. If they always observed the laws of health they would have no trouble at this period.

I did not study medicine for the purpose of practicing, but for the purpose of teaching people the laws of health. All suffering, both moral and physical, is caused from violated law. I teach my patients it is as great a disgrace to be sick as to have served a term in the penitentiary. The latter is an indication that some man-made law had been violated, and the former that some of God's laws have been violated either by ourselves, our ancestors or perhaps by both. Man-made laws sometimes correspond to God's laws and sometimes they do not. Unless we obey the laws of nature we cannot obey the moral law.

The system undergoes electrical changes during the night's sleep that are seriously interfered with where two persons occupy

the same bed. No two persons should ever sleep together, and especially married people should not sleep together if they expect to always be lovers. Nothing but single bedsteads should be manufactured.

The mouth is the filthiest part of the body. The teeth should be cleaned half a dozen times daily. The goose-quill tooth-pick is an indispensable article in the care of the teeth. We cannot have good health unless we have good teeth and they are kept perfectly clean. I should not keep a decayed tooth in my mouth fifteen minutes. If it can not be filled it should be extracted.

If people would have perfect health they should avoid coffee, tea, milk, butter, soup, pork, lard, cake, pie, biscuit, candy, molasses, preserves, all kinds of butters made of fruit, custard, pudding, pickles, everything containing vinegar, everything canned in tin, everything made of white flour, ice cream, soda water, pepper, spices, condiments, flavorings and all forms of seasoning except a small amount of sugar upon fruit and a small quantity of salt upon vegetables. Eat potatoes not more than once daily. Drink nothing at meals and nothing but pure water at any time. Drink an abundance of pure water and less food will be required. Distilled water should be used for drinking, cooking and bathing. The people of the United States are starving themselves eating stuff made of white flour. If no white flour was used there would be fewer inmates in the insane asylums. Pure cream and milk may be used in seasoning rice, oats, wheat, sago, tapioca, etc. It is best to avoid meat entirely, but by all means avoid pork, lard, turkey, chicken, salted meats and butter. It is the ferocious animals that live upon meat. Live upon fruits, vegetables, grains, nuts and eggs. Boil eggs one or two hours and eat without salt.

It is said the Jews never have cancer because they don't use pork. My mother died of cancer at the age of fifty-seven. My preceptor remarked to me that she need not have died had she been operated upon. Had she lived as I do she would not have had cancer. She used pork, lard, milk, butter, stuff made of white flour, coffee and her bowels were always constipated. One authority says nine-tenths of neuralgia is caused from the use of coffee and tea. Coffee is a frequent cause of rheumatism. Rheumatism is a form of gout, and is usually the result of retained waste and impurities.

Live upon simple diet and you will not have rheumatism.

Avoid coffee, tea, sweets, pork, lard, milk, butter, stuff made of white flour and eat but little potato. Live upon fruits, vegetables, grains, nuts and eggs.

A large majority of the people of the United States are afflicted with constipation. Improper diet and dress, the use of cathartics, sedentary employment and neglecting nature's calls are some of the causes. Constipation is one of the most frequent causes of foul breath. Taking physic is a dreadful habit. I would not take a physic for a hundred dollars. Olive oil is a good remedy for constipation. Live upon whole wheat bread, Graham and cornbread, apples and walnuts and the bowels will move freely two and three times daily. Yeast bread should be at least twenty-four hours old before it is eaten. Use cream, suet tallow or some vegetable oil as cotton seed oil and olive oil for seasoning, instead of lard or butter. Children should be fed upon milk until they have a sufficient number of teeth to chew their victuals, after which they need no more milk except what is used in making bread and seasoning. Apples are one of the best liver tonics and are excellent for the complexion. People frequently remark to me that they have to work hard and must use coffee and meat to give them strength. If they will live as I do they will not have to work so hard. The horse is one of the strongest and most beautiful animals if he is properly bred and cared for; he eats grain and grass either dry or green and afterwards takes a drink of water. He enjoys his food without vinegar, sugar, spices, flavorings, etc.

People sometimes tell me apples, walnuts, etc., disagree with them. Such things disagree with them because they are eating something they should not eat. People frequently tell me that grain food as wheat, oats, mush and cornbread, produces sour stomach, flatulency, etc. It is the sugar they use with it or something else they are eating that causes the indigestion.

Dr. Kellogg says: "American women suffer more from diseases peculiar to her sex than those of any other nation. It is impossible for a woman to dress in accordance with the requirements of fashion without becoming seriously diseased." Health, happiness, usefulness and comfort are all sacrificed to fashion. It is a law in physiology that the slightest continued pressure upon any organ, muscle or tissue causes the part to diminish in size and vitality. Women wear their shoes and gloves from one to two numbers too small. Garters cause cold

feet, varicose veins, phlegmasia dolens and milk leg. Women should never put on a garment except such as are made in one piece so as to suspend from the shoulders, not with suspenders, but with comfortable and loose-fitting waists. Women frequently tell me their husbands require them to dress according to the prevailing style, or as other women dress. Dress these men up as they require their wives to dress, and they would be as uncomfortable as I should be were I put into the stocks or pillory. We frequently hear it stated that human beings are free will agents. Nearly all persons are slaves to some bad habit, from which they know not how to free themselves; they are slaves to fashion, to popularity. No woman dresses in a manner to be comfortable or healthy. The dressmaker's standard of neatness is that there must not be a wrinkle in the waist at the time when the chest is the smallest or measured the least, that is, at the close of expiration. The lungs contain six hundred million air cells, which should be filled with pure air twenty-five thousand times in twenty-four hours to relieve the blood of waste and impurities and supply the system with oxygen. The heart beats one hundred thousand times in twenty-four hours. The food is digested by a peristaltic or churning process produced by the movements of the diaphragm, muscles of the stomach, intestines and abdominal walls. The slightest restriction by a corset or clothing suspended from the waist impairs the function of the lungs, heart and digestive organs. The brain requires one-fifth the blood in the body for its support. An amply developed chest is just as much an accompaniment of greatness as a large forehead, and intellectual greatness is the product of both large vital organs to manufacture the vital stamina and large intellectual organs to expend this vital power. The slightest pressure upon the blood vessels of the neck impedes the circulation and impairs the function of the brain. Were the neck properly dressed we would have fewer throat and chest diseases. The neck should be left bare, the same as the face, except when going into cold. Women would be healthier if they wore their hair short. They should go bareheaded, except in hot or cold weather; they then should wear something that will protect and keep them comfortable. A celebrated oculist says his house was built upon dotted veils. People would be healthier if they went barefoot in warm weather.

Window curtains should be abolished. Dwellings should be built with inside shutters, and keep them open the greater part of the time. Each room should be thoroughly ventilated several times daily. Of all the elements that occupy a high place and exert an important influence in the great laboratory of nature light is the first and most remarkable. Science has proved that no substance can be exposed to a sunbeam without undergoing a change. The red blood corpuscles are the oxygen carriers, and if our bodies are not exposed to the rays of the sun several hours during the day these corpuscles are rendered unfit to do their work. No room is fit to live in without the sun's rays having daily penetrated every nook and corner. Much of the ventilation should take place from the top of the window. Curtains and blinds interfere with this process. Window-blinds, wall-paper and carpets are abominations. It is much healthier to live up-stairs. By all means the sleeping rooms should be up-stairs. Dwellings should be built without basements or cellars.

Frequent change of underclothing is of greater importance than bathing. Nothing should be worn at night that is worn during the day. Wear cotton or linen next to the body, and change several times during the week. A majority of people take cold easily; this is usually an indication they have some form of indigestion. The eliminative organs are the skin, lungs, intestines and kidneys. Cover your body with gold foil or some air tight substance, and you will die in a few hours from the excrementitious matter retained in the system and prevented from passing through the pores of the skin. There are millions of pores upon the surface of the body. Each pore is the end of a tube. These tubes are the drainpipes to rid our bodies of waste matter. Colds are usually congestions and inflammations of some internal organ or membrane. The action of the eliminative organs of the skin become impaired by being chilled, and our system is not relieved of the waste and impurities as rapidly as they accumulate, and the mucous membranes of the respiratory, alimentary and urinary tracts endeavor to do their work and the extra work which is not being done by the eliminative organs of the skin, and we have running at the nose, increased mucus eliminated by the lining of the bronchial tubes and sometimes pneumonia. This waste and impurities I have referred to is produced from two sources, viz., the worn-out particles of the system and the food we eat. A majority of people in civilized

nations eat too much. They season their food too much and eat too great a mixture. Were I teaching a class in hygiene I should go to a fashionable boarding house and order a Thanksgiving dinner. I should put it into a vessel and churn it for a short time, dish it and pass it to my class to taste and examine that they might realize what a task the poor stomach has to perform in digesting such an obnoxious mixture. Much of the stuff that is called food would give an ostrich indigestion. If we always lived upon the right kind of diet we would have normal appetites and never overload the stomach. Much of the stuff that is put into the stomach contains but little nutrition, and makes extra work for the eliminative organs. I have cured severe colds with two doses of *Hepar sulphur* 200, or two doses of *Aconite*, a sweat or hot bath, and taking nothing into the stomach for twenty-four hours but water and apples. The best way to cure diarrhœa is by fasting. Dr. Tanner cured his rheumatism by fasting. He said no difference what disease he had, he would cure it by fasting. Colds are produced by the skin being chilled and the perspiration, sensible or insensible, being checked. The blood, no longer cleansed and reduced in volume by the drainage through the pores, sets to the lungs for purification. That organ is oppressed, breathing becomes difficult and the extra mucus secreted by the irritated membrane is thrown off by coughing. The mucous membrane of the nasal cavity sympathizes, and we have catarrh. The excess of blood seeks the weakest point and develops fever, headache, pleurisy, pneumonia and rheumatism. Thousands of people die every year of consumption. A very large per cent. of these first had dyspepsia then took consumption.

If people would live upon the right kind of diet they would not be crippled up with gout and rheumatism by the time they are fifty years of age. People should do their best work between the ages of fifty and seventy. Thousands of people die of gout, and the papers state they died of paralysis or heart disease. Blackstone, the great English commentator, and Spurgeon, the great London divine, each died of gout at the age of fifty-seven. If all persons lived upon the right kind of diet and took the proper amount of exercise they would neither be too spare nor too corpulent. Massage and salt baths is the best treatment to build up debilitated conditions and reduce corpulency.

Marriage, parentage and prenatal influence are the most im-



portant subjects mankind has to consider. Until we have institutions to educate men and women upon these subjects, and laws prohibiting them from marrying until they understand the subject of matrimony, mankind will never become any better. We should have institutions where women are taught hygienic cooking, laundry work, plain sewing, the care of a woman and child through confinement, and where they are educated upon economy, hygiene, marriage, parentage and prenatal culture. Every woman, before marriage, should be required to pass a rigid examination upon these subjects. We should have institutions to educate men upon the subject of matrimony. We should have a law prohibiting a man from marrying until he has a thousand dollars that he has earned himself, and understands a good business, and is free from the use of tobacco and alcohol. I would not marry a man whose habits are not as simple as mine. Ministers and officers who have the power to officiate at marriages do not realize the great responsibility resting upon them. Had I that power, ninety-nine couples out of every one hundred would be rejected upon the ground of incompetency and lack of qualification. But you say if people are not permitted to marry they will do worse. They can't do worse. The lack of chastity in the married relation is doing more harm than any other evil. A Chinese maxim says, "the greatest enemy to the health of men is woman; the worst enemy to the health of women is man. Study deeply into the diseases of the two sexes." *Love* and not *lust* is the foundation of all true marriage. If men would live upon the right kind of diet their bowels would move regularly, and avoid tobacco and alcohol and choose an employment that requires much exercise they would not be so lustful. Coffee is one of the worst things to excite the passions. But one other Nation uses more coffee than the people of the United States, and that is the people of Holland. That government had an army of thirty thousand men. Venereal diseases became so prevalent that the government employed ten thousand healthy native women for the use of these men.

If parents understood the laws of marriage, prenatal influence and hygiene children would be well born, then feed them upon simple diet, they would have natural appetites and you could not hire them to use tobacco or alcohol. It would be difficult to estimate the amount of money that has been paid to teachers of the public schools, preachers and doctors; yet, notwithstanding

this fact, the homes of the United States are naught. I doubt if there are a hundred happy homes to the county in the United States. Why is this true? Because the public schools are a failure, the churches a humbug, the doctors, druggists, lawyers and politicians a curse.

*Terra Haute, Ind.*

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**REMOVAL OF HAHNEMANN'S BODY FROM  
MONTMARTRE CEMETERY TO PERE-  
LACHESE.**

From the *Revue Homœopathique Française*, Paris.

On the 24th of May, 1898, in the presence of the civil authorities and thirty-five persons the solemn ceremony of the exhumation took place of the body of Samuel Hahnemann, founder of Homœopathy.

The ceremony began at half-past eight A. M., on arrival of the Police Commissioner representing the civil authorities

Were present: Dr. Süß-Hahnemann, grandson of Samuel Hahnemann, coming from England. Monsieur Cloquenin, Vice-President of the Compagnie Transatlantique, representing Madame the Baroness de Boëninghausen, adopted daughter and heiress of Madame Hahnemann.

The International Committee for the grave was represented by Dr. Richard Hughes, of Brighton, and Dr. Francois Cartier, of Paris.

Were also present: Drs. Leon Simon, President of the French Homœopathic Society of Paris; Parenteau, Conan, Jousset, Sr., Jousset, Jr., Nimier, J. B. Faure, Guimard, Elie Faure, Tissot, Dezon, Nuguay, Boyer, Love, Chancerel, Sr. and Jr.; George Tessier, Trichon, Peuvrier, Heerman, Vautier, Kœnick, Girardeau, Ecalle and Bernard Arnulphy, of Chicago.

Dr. Gannal, who, fifty years ago, performed the embalming of the body of Hahnemann, as assistant to his father, was also present. Five other laymen were also present.

Dr. Cartier was the first speaker. He said:

*Gentlemen* : Facing this open vault and in the presence of the coffin containing the body of Samuel Hahnemann, our illustrious Master, my duty will not be to retrace the work of this genius who has stirred up the world by his ideas and doctrines. As Secretary of the International Committee for the monument to

be erected upon Hahnemann's grave and as the French delegate, the only authorized party to act on the spot, I have to offer to all those who are here present, to all those in the entire world who are anxiously waiting for the result of to-day's ceremony, the palpable proofs and evidences in order to convince them that we are really in the presence of the precious remains of Samuel Hahnemann, and that the monument which is to be erected at Père-Lachèse cemetery will shelter the founder of Homœopathy.

I am compelled to do this, especially since the appearance of certain articles in some homœopathic journals expressing doubt and suspicions in regard to the genuineness of the body of Hahnemann, and it is imperative to remove all doubts by offering every proof bearing authenticity.

Proofs are classified in two:

1st. The information furnished by the Registries of the Civil Authorities and by the description of the family and the vault and of the coffin.

2d. The opening of the coffin containing the remains of Hahnemann, whose features must yet be recognized by those who knew him.

Hahnemann is buried in Lethière Vault. Hahnemann is the first body which will be met in opening the grave. This is the first part of the proofs to demonstrate.

The Registers of the Cemetery and of the Civil State one part; the information furnished by the grandson of Samuel Hahnemann, Dr. Süß-Hahnemann, here present; by Madame de Boeninghausen, the adopted daughter of Madame Hahnemann, born d'Hervilly; by the contemporaries of Hahnemann, or by those who wrote his biography, attest that Chrétien Samuel Hahnemann died at Paris in 1843 and was buried in the Vault Lethière, indicated by a perpetual concession bearing the Nos. 324, 1832, and 414, 1834.

The concession in the left side is Hahnemann's vault, bearing the No. 231, 1847. This contains solely the body of Madame (widow) Hahnemann, born Mélanie d'Hervilly, died in 1878. It was wrong when some homœopaths here pretended that Hahnemann's body was in this vault. Gentlemen, it is now open before your presence, it contains one coffin, whose description corresponds to the civil state of Madame Hahnemann, born d'Hervilly.

The picture of the Vault Lethière, where lays Hahnemann's

body, was reproduced in Dr. Schwabe's journal, *Homœopatisher Kalender* in 1892, and more recently in the *Hahnemannian Monthly*, October, 1896. Since the picture was taken the zinc roof was removed, but you can see, gentlemen, the identity of the iron railing and the form of the gravestone, with the design which I just show you. Finally you see, like an evident proof, in the corner of the gravestone this inscription, C. P., 324 (perpetual concession, 324). We knew, furthermore, by the authorities of the cemetery, and by the declaration of the family and of homœopathic physicians, that Hahnemann's coffin was the last rested. The body of Gohier was the first buried, the date of this death is not recorded; the body of Lethière, died in 1832, is in the middle; and the last one, that is the first one under the stone, is the body of Hahnemann, interred in 1843.

The number of identity of Hahnemann's coffin, recorded in the Register of Montmartre Cemetery, is No. 1252. First Arrondissement, 1843.

Well, gentlemen, you just have confirmed to-day the authenticity of these indications. We distinctly read on the first coffin, made of lead, which you all see, separated from others by a layer of cement, immediately under the stone of Lethière's vault, the following inscription, which has not been altered at all by time:

"No. 1252, First Arrondissement, 1843."

Little above on the coffin you see a plate, made of lead, reading thus:

"Brevet d' invention,  
Embaument, Gannal."

We know that Hahnemann's body was embalmed by one of the first specialists of that time.

The establishment Gannal is still in existence, 6 Rue de Seine. I have seen Dr. Gannal, Jr., and successor, who assisted then his father during the embalming process of Hahnemann's body, and who still remembers the operation. In the books of the establishment Gannal we find these words: "3 July, 1843, for embalming of Dr. Hahnemann, 2,000 francs." To-day Dr. Gannal is among those here present and had expressed the desire to be present at the exhumation.

I shall therefore condense by numerical order the *proofs* of the authenticity of Samuel Hahnemann's body:

1. Hahnemann is buried in the vault Lethière and not in the

vault Hahnemann, and this according to Register of the cemetery and of the Civil State; according to the statement of an eye-witness, Dr. Süß-Hahnemann, grandson of Hahnemann; according to the attestation of Madame de Boëninghausen, adopted daughter of Madame Hahnemann (widow), and according to the writings of all those who wrote Hahnemann's biography.

2. The coffin of Hahnemann in the vault is exactly that bearing the No. 1252, First Arrondissement, 1843. 1st. Because the No. 1252 is very distinctly seen on the coffin; it is the same as recorded in the Registers of the cemetery. 2d. Rue de Milan, where Hahnemann died, actually the First Arrondissement, was part of the First Arrondissement of Paris, in 1843.

3. Hahnemann was the only dead in 1843, put in the vault Lethière, where rest two other bodies, buried in 1832, and the first before 1832.

4. The stamped plate bearing the mark of Gannal's embalming is another proof.

Finally, gentlemen, in order to further clear all doubts, I have obtained from police authorities the permission to open the coffin made of lead.

We are going to be able to witness a very exciting spectacle, the only one in our life; we shall contemplate the remains of the one who is our daily guide, our master. The features of Illustrious Hahnemann, lost for fifty-five years, will again see the light for the last time!

After speeches delivered by Monsieur Cloquemin, representing Madame, the Baroness of Boëninghausen; by Dr. Léon Simon, President of the Société Française d'Homœopathie; by Dr. Richard Hughes, of Brighton, representing England; by Dr. Süß-Hahnemann, representing Germany, and Hahnemann's family, they proceed to the opening of the grave.

The workmen then exhume the coffin. Dr. Gannal conducts this performance, the cover is removed, after breaking one by one the rivets. Hahnemann's, body covered and enveloped with silk bands appears. Every thing seems well preserved. Those present are struck with Hahnemann's small size. Those who have known Hahnemann and were present admitted that Hahnemann, in fact, was of small size. Dr. Gannal found a long-plaited woman's hair around Hahnemann's neck, probably his wife's.

Dr. Gannal finds in the coffin several mementos, which, fortunately, will confirm the authenticity of the body being that of Hahnemann.

1. A wedding ring still on the finger. Hahnemann's wedding ring with "Melanie d'Hervilly engraved on." This golden ring, which has been shown to those present, is formed of two small united rings; with a penknife these two pieces are separated and upon one of the rings it is read:

"Samuel Hahnemann—Melanie d'Hervilly,  
Verbunden Coethen, 18 Janvier, 1835."

*Christen, Frederic, Samuel*

*Hahnemann*

*ni à Meissen, en Saxe.*

*le 10 avril 1755. mort à*

*Paris le 2 Juillet 1843 =*

*La femme*

*Marie Melanie D'Hervilly*

*se joindra dans ce tombeau*

*ainsi qu'il l'a désiré --*

*et l'on y inscriera ces mots*

*trouvés par lui =*

*Hic nostro cinere cum ossibus ossa, sepulcro*

*Misuntur, vivos ut sociavit amor*

*~~~~~*

This ring is again put back on Hahnemann's finger, by order of Police Commissioner.

2. The gold medal presented by French homœopaths. At the feet of the body is found a glass stoppered and sealed bottle;

Police Commissioner permits to break it. It contained documents relative to Gannal's embalming process; the gold medal offered by French homœopaths to their master, and an autograph letter of Madame Hahnemann (widow), which will form the third piece for conviction found in the coffin. On the gold medal, well preserved, there was Hahnemann's profile, work of David d'Anger, the sculptor of Hahnemann's famous bust, from which are taken the best of his pictures. On the other side the following inscription:

"A leur Maître, les Homœopathistes français."

"Similia similibus curantur."

This medal also has been put back in the coffin.

3. Madame Hahnemann's autograph letter. Mr. Cloquemin, representing Boenninghausen's family, and Dr. Heerman (of Paris) easily recognized the handwriting being that of Madame Hahnemann, and with the permission of Police Commissioner we have had a photographic reproduction as above, see page 349.

#### **End of the Ceremony at Montmartre.**

At 10 A. M. the ceremony is ended, having lasted an hour and a half. The workmen put the lead cover back again, the lead coffin is put in a new wooden casket, upon which the old plate (No. 1252, First Arrondissement, 1843) is nailed; also a new, very large copper plate with the name (Samuel Hahnemann) engraved.

Both Hahnemann's and his wife's caskets are put on a hearse and ten persons accompany to the cemetery Pere-Lachese. Among them we notice Drs. Süß-Hahnemann, Richard Hughes, L. Simon, Heerman. Cartier and Mr. Cloquemin.

At Père-Lachèse Hahnemann's casket is lowered in the new grave; the body is placed so that his head will be at the right and the feet at the left of the monument, and at his feet Madame Hahnemann's casket is lowered.

The workmen immediately after cemented the vault and covered with beton in the presence of those who accompanied the bodies. A provisory fence and a wreath will be fixed until the new monument is erected upon this new location, which is a splendid one. Rossini, Auber, Donizetti are the musical neighbors of Hahnemann. Racine is right by him; little distant Moliere, Lafontaine, Gay-Lussac, Arago, Gall, Ney, Davout and others.



Gleaned and translated by Dr. John Arschagouni, 743 Lexington Ave., N. Y. City.

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## WHY SPANIARDS ARE CRUEL.

By Wm. Steinrauf, M. D.

Starting with *bad blood* from several sources, they are not to be pitied because they are pitiless.

That the Spaniards are, as a race, exceptionally and notoriously cruel is taken for granted by the whole world. It is an opinion universally received, and with most people argument would be superfluous. The question of real interest is this: What has made them so? For nature, it is claimed by scientists, is never arbitrary, for even the seeming wilful perversities of man are not without cause.

In the case of Spain some of the causes date very far back; they began their work almost before the dawn of history. It is a case of bad blood almost from the very beginning.

Although not wholly bad at first, the old Iberians were a passionate fickle race, as is the Spaniard of today. From them he has inherited his bad and abominable temper, as also his swarthy complexion. An infusion of this blood resulted in a cruel and treacherous disposition.

That the Phœnicians, perhaps the most atrociously cruel of the races of antiquity, did gain foothold in Spain in almost pre-historic times may be passed by with mere mention. These are the people who gave its name to Cadiz and who, in the height of their alleged civilization, fed Moloch with human sacrifices. We know but little of their influence, but we do know that this influence was perniciously bad.

The intercourse with the Phœnicians did; after all. have considerable effect on the impressionable Iberian character is strongly suggested by the ease with which the Carthaginians subsequently attained great and lasting influence in Spain. This was practically the same thing, for these new invaders were an offshoot of the same evil stock. They were as merciless as our American Indians. These Carthaginians overran most of the country. Very popular for a time were the Carthaginians in Spain. Few traces of their blood probably remain, but it was a bad start. The clay was still soft, and their example was potent. "Like master, like man."

Now came the Romans with a much greater power and dominion, which lasted for many centuries. Here, although no poison in the blood, yet the example was pernicious. Every one has read of the rapacity and arrogance and inhumanity of the Roman governors, who regarded their inferiors as merely a source of gain and revenue, with no right that a Lordly Roman need respect. These notions seem to have fallen on a fertile soil, and poor Cuba is today reaping the fruits of such training. No masters are so intolerable as those who have learned the tricks of tyranny in the school of servitude.

And still the corruption of blood went on. It seems as if Spain was the penitentiary of the world. After the Romans came the Vandals. We need not dwell on this class of people. They were the most destructive brutes that ever walked the earth. After the Vandals came the Visigoths, no less mean, abominable and horrible than the Vandals.

Still this was not enough. The unlucky land was next overrun by a horde of Moors from Africa. Under this regime the Spanish Christians even became more intolerant than their Moslem conquerors. The terrible racial and religious strife which ensued lasted for the greater part of a millennium before it received its final quietus by the expulsion of the Moors. In such a conflict piety almost became, and did become, bigotry, patriotism but another name for cruelty and loyalty to friends synonymous with treachery to foes.

Out of this fiery ordeal the Spaniard emerged with just one commendable quality. He became a fierce fighter. For a season this ferocity, especially in war, made Spain one of the foremost nations of Europe. In everything else, though, with a few exceptions, Spain was backwards. The great Reformation had no influence in this benighted land. Spain's boasted art was, and is, of foreign importation. Her literature is bombastic and full of mendacity and exaggeration. For the discovery of America she is entitled to but small credit. To this period belongs the terrible inquisition, a purely Spanish institution. The abominations and injustices and cruelties practiced in Spain on Jews, infidels or heretics have never been duplicated on this earth. The horrors of the inquisition were the outcome of Spanish history and Spanish character, coupled with their civil and religious training. So, while the world advanced, Spain lagged behind in mediæval darkness, and she is still far in the rear.

That is the trouble to-day. With Phœnician cruelty and Carthaginian duplicity, and Roman arrogance and Vandal greed, and Moslem intolerance, Spain of to-day belongs to the dark ages. It may well be doubted whether Spain was ever prosperous in any proper sense of the word. In her best days the number of beggars in her country was appalling. I don't like to quote the figures, for they are Spanish, but one hundred and fifty thousand beggars are on the list. And this in a land where it requires but little for the average man to keep body and soul together. During the same period there were scarcely any manufactures. The exports were the products of a soil practically untilled, such as wool, hides, raw silk, minerals and olives.. What does this signify? It means that Spain in her palmiest days was largely occupied by mining camps and cattle ranges. The popular ideas about pastoral life are in the main absolutely wrong. Far from being one of the most peaceful occupations, as pictured by poets, it is one of the roughest and most savage. The real shepherd goes about armed to the teeth, often followed by a pack of fierce dogs, always ready and often forced to fight for life and property. What he becomes under the most favorable conditions may be seen in the modern cowboy. In earlier times we simply find the knife and spear, in place of the revolver and rifle, while the shepherd himself is rather more like a wild animal. The same may be said of the miners. In such a state of society laws are ineffective, brigandage runs rampant, and lynching, as the only means of restraining crime, becomes a system. All this is familiar to us in the history of the wilder parts of our own west, and all this, and worse, was the condition of Spain for centuries. In this connection it is rather interesting to note that just as our own cowboys sometimes string up a horse thief on the nearest tree and make him a target for their revolvers, so the Spanish lynching parties used to hoist their victim up on a pole and shoot him full of arrows. History repeats itself under similar circumstances and conditions. That the Spaniard was also largely addicted to a seafaring life did not tend to soften his temper. Here, again, he worked up a great reputation for ferocious cruelty. Much more might be adduced, but quite enough has been cited to show why the Spaniard is what he is. The character of a nation, as of its individual members is largely the product of heredity and environment, and in both these particulars the Spaniard has been phenomenally unlucky. He is just

what his history has made him. We could pity him were he himself not so pitiless.

That he should especially pride himself upon his lineage seems rather extraordinary in view of these facts. But we should not wonder at it. The worse the stock the more insufferable the pride of blood.

But all this will change with poor Spain as time goes on. Already the doctrine of the immortal Hahnemann is being preached and practiced in this land. In the larger cities there are numerous homœopathic doctors. Journals of our school are published and eagerly read by the masses, and as Hahnemann's system of medicine not alone changes and heals and purifies the body, but indirectly through the body also the mind, the spirit and the soul of the individual, so will eventually Spain be a good, pure and moral nation, a nation where, also on account of its climatic conditions, it will be a delight to dwell.

*St. Charles, Mo., April 4, 1898.*

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### THE FREE LIST QUESTION.

Editor of the HOMŒOPATHIC RECORDER.

Why our friend, the author of "Professional Etiquette," in your last issue, should hide his light under a bushel and appear mearily as ———, M. D., is a mystery. Any one who can take up the cudgel and write such an article should have his name blazoned in letters of gold. He is a benefactor to his professional brethren, and I would that I knew him that I might take him by the hand and say, "Well done!"

There is no question that the free list is an ever-growing evil. The Dispensary Question has been taken up at our Society meetings, and we have talked and talked the subject threadbare about pauperizing the public and so on ad libitum. The question is, how are we to correct an evil in public which we foster in our own private practices? We all agree, no doubt, that the free list should go, with the one exception of the immediate members of physicians' families.

Letter carriers, policemen, and firemen are paid by the city. They should not therefore be treated free by those who in a large majority of cases help to pay their salaries.

As for the trained nurses, that is by far the worst imposition of all. Their own hospital and its resident physicians are at

their disposal, and the cost of the medicine does not come out of the physicians' pockets. In this running to a physician's office the nurse loses sight of one very important fact. She advertises her weakness to the very ones from whom she seeks employment. This is very short-sighted, as no physician wishes to employ a nurse who is not strong and healthy. These qualities form a large part of her stock in trade. The trained nurses now number hundreds where a few years ago they were few, and so this free list grows. A while back they were women of twenty-five or thirty, and came of a superior class. It has now become a fad, and young girls rush to the training-schools in preference to standing in a store or going into domestic service. The class has deteriorated in growing. But to come back to the question of free treatment of this group; we must depend upon time and the head nurses of the training-schools to remedy.

I think — — —, M. D., should have his article struck off by hundreds and scattered broadcast.

But the part that delighted me most in the article written by our anonymous friend was the faculty for staying and gossiping which our free listers develop. The time wasted is indeed appalling. Let each, then, take heart of grace and do his best toward remedying the defect.

Last week I met a patient who happened to be a lively "old maid." She said, during the conversation: "They all call me an old maid at home, and try to put me on the shelf; but I just roll off again, and that's what I intend to keep doing. I won't stay up."

Now — — —, M. D., should take this advice to himself and "roll off" again. It is just such men that we need to bring about a reform, the neglect of which cost the physician so many dollars never taken into consideration by the public. Then when the doctor comes to lie down and die, and his estate is settled up, this same public all exclaim at the smallness thereof. What strange things human beings are!

J. A. McC.

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### **"ARE THEY ALL DAFT?"**

I am surprised to see that the RECORDER stands by Hahne-mann so faithfully. Don't you know that there are dozen's of men today who know more than he ever knew? Just ask them; or, if you dislike to see them swell out, read what has been

written. You will infer from them that Hahnemann did not understand the law of cure; did not know how to build a *materia medica*; did not know how to prepare medicines, and that he is "a back number." A hundred years ago he tried to tell us about the microbic origin of disease—which was derided for years. Now we hear a good deal about bacteria and the bacillar theory of disease. That is a new discovery, of course! Hahnemann was not a discoverer, oh, no! He simply emphasized what some old-school physician had written before his time. The spirit of today is to ignore Hahnemann, the basis of homœopathic pharmacies, journals, books and college, and still these defamers are out of the asylums. They are *boys* and will know more when

VETERANS.

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## THERAPEUTICAL HINTS.

By Leopold Grossberger-Branberg.

Translated for the HOMŒOPATHIC RECORDER from *Leipsig Pop. Z. fuer. Hom.*, July, 1898.

### I

In intermittent neuralgia of well defined periodicity, *i. e.*, nervous pains of well defined duration, which come at a certain time and disappear at a certain time every day, I found in the last seven years of my practice *Chinium sulphur* 1 D. in trituration a *specific of the first degree*, which never failed me in such a case, unless the patient had before taken *Chinium sulphur* in massive allopathic doses. I prescribed this remedy in the above mentioned potency only for three or four days and always at those periods in which there is *no* pain. The first day I prescribed it two to three times, the second day three times, the third day two times and the fourth day only once; the dose being as much of the trituration as would make the size of a pea, to be taken in a small wineglassful of sugar-water. Usually this causes the pain to vanish permanently. In homœopathic manuals *Arsenic alb.* 5–6 D. is said to be an equivalent in such intermittent neuralgias; but I have but rarely seen this. Also in pronounced intermittent fever of various kinds, I have for years given with *the best results* only *Chinium sulph.*, without caring for the accompanying symptoms, if *Quinine* has not been given before in allopathic doses. Especially

have I found this remedy in the above mentioned trituration almost infallible in the intermittent fever of small children from eight months to five or six years old, if the disease was not of too long standing and has not yet consumed the strength of the little ones; and the patient must not have been allopathically dosed with *Quinine*. In many cases of headache appearing and disappearing every day at fixed hours, *Chinium sulph.* 1 D. proved an *unfailing* remedy. Even a nervous pain in the hip of four years' standing, very violent, which appeared every evening at 9 o'clock and disappeared every morning about 4 o'clock, disappeared in the first night after taking the size of a pea of *Chinium sulph.* 1 D. at 7 P. M. This case occurred in winter with a widow of 40 years, who was inclined to corpulence and anæmia. As a precautionary measure, the patient continued this remedy for two or three days, and the cure was permanent.

## II.

In erysipelas, whether with or without fever, the treatment recommended by Dr. Behrend, in Sangare, is a sure and quick cure. This treatment consists in rubbing the part affected (the face) three times a day with alcohol of 90–96 per cent. of strength. Such alcohol can rarely be found in allopathic drug stores, which usually only sell diluted alcohol, but it can be bought in any homœopathic pharmacy. The common alcohol used for burning is poison to the skin if there is any lesion, and must not be used. I have used this treatment in several cases of erysipelas of the face, even in very violent cases attended with high fever, and the results were strikingly favorable and rapid. The quick action of alcohol is, no doubt, due to its property of killing fungi; for it is well known that erysipelas is due to the presence of a certain fungus (*streptococcus*) in the blood, which may find its way there through any small lesion, even though this may be quite unnoticeable. The effect of this treatment is most manifest and evident; for in a *few minutes* after rubbing with alcohol there is a cessation of the local process and in three to four days the recovery is perfected. This treatment is continued every day three times, until the disease has wholly disappeared. Internal medication is not needed in this treatment.

## III.

In the malignant scall of older children, which frequently refuses to yield to any internal homœopathic remedy (perhaps



because mould-fungi are present), I have found washing with a decoction of *Equisetum arvense* very effective. Daily washing of the head with this decoction cured a very obstinate case of scall in a girl of 11-12 years of age. This washing is even more effective when one or two tablespoonfuls of the decoction are also taken internally three or four times a day for the sake of purifying the blood. *Equisetum arvense* contains a bitter extract, salts formed with equisetetic acid, some sulphates and 90 per cent. of silicic acid. In *small doses* it purifies the stomach and is a mild diuretic. Kneipp has much to say in praise of this plant. For external use (ablution) take a tablespoonful of *Equisetæ* to a pint of water and boil it ten to fifteen minutes; for internal use, take about three grammes (about as much as will be grasped with three fingers) in a teacupful of water and boil it about ten minutes. One or two tablespoonfuls of the decoction should be taken three or four times a day. A gentleman of this town told me that one of his colleagues (an officer on the railroad) was cured of his obstinate beard tetter by means of the decoction of *Equisetum*, used externally and internally. If we consider the impossibility of curing this disease (both the one caused by parasites and the non-parasite form) by means of homœopathic remedies, and that the salves used by specialists for its cure are both painful and uncertain in their effects, it is very manifestly our duty to give *Equisetum* a trial. Dr. Boehm in his *Lehrbuch der Naturheilkunde* (Manual of the Natural Method of Healing) reports on p. 1489 that he has found excellent results from moistening the parts affected with bread-tetter with diluted lemon juice.

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## GRAPHITES CURES.

By Dr. H. Goullon in Weimar.

Translated from the *Leipz. Pop. Z. fuer Hom.*, July 1st, 1898, for the HOMŒOPATHIC RECORDER.

On April 6th, 1898, Miss C. wrote to me: The student in Th. was quickly cured by your *Graphites*. She had written me on February 3d:

“ My nephew Siegfried, aged 16 years, studying in the Gymnasium, has had an eruption on both his *middle fingers* for fourteen days. These eruptive vesicles are of the size of millet seeds, they do not itch, they get sore and heal again, when they return

on another part of the finger. My sister saw in Dr. Caspari's book that the eruption does not amount to anything; she gives him *Sulphur*, and puts vaseline on it. Shall we use another remedy, perhaps borax-salve?

"Some years ago all his finger-tips cracked open and healed again. He is a large, vigorous young man, without any tendency to scrofula \* \* \* "

It was the cracking open of the finger-tips which determined me to select *Graphites*, which is the specific in the dyscrasy attending plica polonica, the characteristic symptoms of which are: brittleness, dryness and cracking open of the skin; from this spring herpetic eruptions, the particular curative sphere of *Graphites*.

In my Monograph, entitled "What does *Graphites* promise and effect in Homœopathic practice?" the reader will find on page 80: "*Graphites* has been found effective in herpetic sores manifesting themselves as raw places between the fingers, sometimes moist. In one case this eruption appeared in the face, and reappeared after all the various remedies used, but was permanently cured by *Graphites*."

Further: Soreness existing for several years on the perineum, the sexual parts and between the thighs. Five doses of *Graphites* 7 cured the case; *Sepia*, *Petroleum* and *Sulphur* had refused to act.

*Graphites* is also indicated when there are many small rhagades on and in the anus.

I cannot better conclude this eulogy *ad graphitis majorem gloriam* than by the following case from my own observation:

Laura H., 20 years of age, who had been treated by me the year before in chlorosis and suppression of the menses, and chronically suffering from a somewhat hoarse and clouded voice, was seized three weeks ago with an eruption on the dorsum of the left hand. There was a small spot, containing vesicles which secreted an acrid water, causing a disagreeable fretting. The moist exanthem, forming of crusts extend peripherically farther and farther until it occupied nearly the whole of the dorsum. A vesicatory of *Cantharis*, which she had applied of her own accord to her left arm, showed no effect on the local cutaneous ailment. On account of the sieve-like dots of the eruption, resembling dots of pus, the patient received *Silicea*, but no progress had been made in eight days, but the exanthem began to dry

up; she ascribed a knotty eruption on the right forearm to the action of the powder. Now a distinct indication for another remedy appeared, namely, the chapping of the parts hitherto affected with the eruption which had hitherto showed an inflammation like a furuncle. At the knuckles (the origin of the first phalanges) there formed a wreath of *chaps*, a sort of a sun with diverging rays. This, with some of the other symptoms given above, gave a clear indication of *Graphites*, and a thorough cure followed in eight days on using this remedy in the 30th potency.

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## EFFECTS OF PHOSPHORUS.

By Dr. Rischer, Aix-la-Chapelle.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Pop. Z. fuer Hom.*, July, 1898.

I desire to give a short account of the following case: A business man has complained for three months of a total insomnia, which could not be removed even by the largest doses of *Morphium*, *Bromide of Potassium*, *Bromidia*, *Sulfonal*, *Codeinum phosphoricum*, *Trional*, etc. The patient had no other ailment. A careful examination of the internal organs only shows a slight enlargement of the heart, and particularly of the left ventricle. I could not get any urine at the first examination; and when the patient was asked about it he stated that it had been frequently examined, but always found normal. As no cause for his ailment had so far been detected the patient received *Tinctura Valerianæ*, ten drop in the evening; at the same time I requested him to bring some urine at the next consultation. This was done, and the examination showed a high percentage of albumen, which I confirmed by several subsequent examinations. The patient, therefore, was suffering of chronic inflammation of the kidneys with occasional appearance of albumen in the urine (cyclical albuminuria). In this way the negative results of former analyses of the urine could be explained. While the medicine first prescribed remained without any effect some doses of *Phosphorus* d. 4, given during the day, had the result desired. The patient now could again sleep well. Whether the medicine used will have as favorable an effect on the fundamental disease has to be seen; but there is no question but that the patient was relieved in a very short time of a very disagreeable symptom.

## PRACTICAL HINTS.

From *Leipziger Pop. Z. fuer Hom.*, July, 1898.

THE FORMATION OF GALL-STONES is not prevented in all cases by the use of olive oil, as might perhaps be supposed from the repeated statements of the value of this oil. That remedy was first recommended a hundred years ago by English doctors, but they did not discover it, but borrowed it from folk-lore. It is only of use in the so-called cholesterine stones and acts partly from the fact that oil which easily produces an emulsion essentially increases for several hours the secretion of bile; and, secondly, by its reaching the biliary passages and facilitating the passage of the stones incarcerated in the biliary passages. It is important that the best olive oil should be used, neither old nor rancid; it is best to take it from a flask that is well stoppered and not before opened. In the making of olive oil there are many adulterations practiced, and there is even olive oil in the market containing admixtures of cotton-seed oil, which is difficult to digest, etc. Nor should we use olive oil gained by pressing the whole fruit and the seeds of olives, but only the oil gained by a gentle pressure of the soft part of the olive; this is not very cheap, of course.

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## EMIN PASHA AN OPPONENT OF QUININE.

By Dr. Gullon.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom Zeit.*, July, 1898.

The *Illustrierte Deutsche Monatshefte* contain Emin Pasha's last journals in letters to his sister. We read there in the letter written on May 2d, 1891, from Camp Cavingo, on the Cagera at the ford to Mporo:

"I have finally arrived here, and may God now help me further. The annoyances and the excitements of the last days, the consciousness that I am here wasting away valuable time, the terrible nights, all this together has caused me to fall into a decent fever, which especially delighted me on the 30th. These attacks usually pass quickly with me with strict dieting, *i. e.*, water and coffee. *I never take quinine.*"

This communication from the mouth of Emin himself has a double interest. For the first, it has been and is still considered injurious to drink water during malarial fever; and then again, quinine, the much-lauded specific in malarial fever, is here given the quietus. *Arsenic* has before this been largely used in the tropics as a substitute or complement to quinine. And almost all travelers take with them into those ill-famed fever-regions arsenic pills together with quinine; not so Emin Pasha at this stage! that makes us stop to think. A third item is added in the value given by Emin to coffee. Coffee contains caffeine, which, like quinine (and also theine and the theobromine of the cacao fruit), is counted among the tonic alkaloids. *i. e.*, they are the active principles of the above-mentioned plants. The supposition thus seems justified that coffee in certain circumstances may be a complete substitute for quinine; yea, may excel it, as the injurious attendant effects of quinine are not found in it to the same degree.

I will here add another observation of Emin Pasha, found in the same letter, which will rejoice the heart of the vegetarian. He writes in the same letter:

"The negresses in the Soudan, both the slaves and the free ones, have learned to anoint themselves with geranium oil (spurious attar of roses), or with the mixture called *Medjuma*, the chief fragrance of which is due to cloves; in the countries which properly belong to the negroes, there is no appreciation of fragrance or perfumes. And still the application of fragrant ointments might be highly useful, considering the peculiar odor clinging to all negroes, and which is sometimes very disagreeable. Agricultural and nomadic tribes are much less infected with this odor than *those which live exclusively on fish* AND MORE ESPECIALLY LESS THAN THE MEAT EATERS."

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## TRANSLATIONS FROM THE FRENCH.

By H. P. Holmes, M. D., Omaha, Neb.

SIMILIA SIMILIBUS.—In his "Cours de Chemie" Lemery\* relates an experience which it seems to us may interest the reader:

"The flesh of the viper and that of the scorpion cures the

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\*Nicholas Lemery, a noted French chemist, author of "Cours de Chemie," etc., born at Rouen, France, 1645, died at Paris 1815.

wounds that these animals make while living," and in support of that assertion, he adds: " I one day placed two live scorpions in a glass jar, and then threw in a little mouse, also alive. The mouse stepped upon the scorpions and annoyed them. They stung it so deeply that it squealed. Half an hour afterward I saw it die in convulsions; I waited a few hours, and then I threw in upon these same scorpions another mouse a little larger than the first, and also alive; it leaped upon the scorpions, as the other had done, and they stung it; it squealed quite loudly, and we saw that its agitation was increased by its anger; it did not wait long to avenge itself, for it ate both of the scorpions, excepting the head and tail.

" I wished to see the end of the tragedy; I left the mouse in the jar for the space of twenty-four hours, and during that time it did not show the least appearance of injury, other than being restless at not being at liberty. I had intended to dissect it to see if there were not some change in the parts or in the blood; but someone, too rudely handling the jar, broke it, and the mouse escaped. One might say that the volatile salts which are found in the flesh of the scorpions prevent, by their agitation, the coagulation of the blood which should take place in the veins of the little animal after it is stung, but each one will reason on that experiment according to his own views."

Does not one have the right to be astonished that the savants of that epoch allowed these eloquent facts to pass unnoticed and that they did not think of renewing similar experiments?

Baron, a doctor of medicine, who re-edited and annotated the chemical works of Lemery, underlined the passage that we have reported with the following note: " I have not examined it to see if it be true, as is believed to this day, that the flesh of certain venomous animals is an assured specific against the bites of these animals; but supposing the fact to be really verified, I will make this remark, the volatile salts contained in the flesh can contribute nothing to that effect."

Evidently it was important to control these facts from the first so as to establish their reality in an absolute manner. Dr. Baron wholly neglected to do this, and preferred to admit them by allowing it to be understood, meanwhile, that one could place only a limited confidence in it. In return, he examined the chemical theory formulated by Lemery and refuted it without trying to substitute another for it.

It was the best way to pursue to forget the significant facts, and the idea did not occur to any person that the observations presented by Lemery did not proceed in any way from the theory which he had tried to formulate. Such was the mode so generally employed and which succeeded admirably.

That scientific integrity manifested itself grandly when Hahnemann presented to the learned world and to the faculties his admirable discovery. They were careful not to repeat his experiments, and they closed their eyes to the innumerable recoveries which he presented in support of the therapeutic law which he had found, but in the name of common sense they criticise the treatment of similar by similars [*similia similibus*] and the infinitesimal doses.

To day they still refuse to experiment with his method, for they would find themselves under the necessity of verifying the recoveries it brings about, but they violently criticise it because certain ones have dogmatically declared that it was impossible such results could be obtained by it.

DR. MERSH.

[*La Thérapeutique Intégral.*]

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PHARMACOPÉE HOMŒOPATHIQUE FRANÇAISE, by MM. Ecalle, Delpech and Peuvrier, under the patronage of the Société Française d'Homœopathie.—J. B. Baillière, 1898.

This work, which comes out under the fathership of Jousset and V. L. Simon, is the first French homœopathic pharmacopœia that has been issued since 1862. This new book contains 496 remedies, considered under the three heads: Vegetable, animal and mineral, forming a work of 400 octavo pages, with a three-page preface signed by J. P. Jousset and L. Simon, and is spoken of as the most complete publication of its kind coming from the homœopathic press.

The book-work will satisfy the most exacting bibliophilist; it is a beautiful book throughout, and worthy recognition of all homœopaths of the French language.

[Abridged from *Journal Belge d'Homœopathie.*]

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MATERIA MEDICA CLINICA POR EL DR. FARRINGTON, translated from the 2d edition by Dr. Francisco Castillo, of Mexico.

We have received the first volume of this work, which is a Spanish translation of Farrington's *Materia Medica*. We



heartily congratulate Dr. Castillo on having placed within the reach of his confreres of the Spanish tongue one of the best treatise on materia medica which we possess, and which should figure in the libraries of all homœopathic physicians.

[*Journal. Belge d'Homœopathie.*]

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## CLINIC CHAT ABOUT ERYSIPELAS.

By Dr. Goullon in Weimar.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. Hom. Zeitung*, June 23, 1898.

We have in view here, especially *erysipelas facie* with its usual excursions to the scalp, varying in its extent. It is well known that according to the trend of the times the streptococcus erysipelatis is made responsible for this disease. A scratch on the skin suffices to enable this vegetable parasite to effectually make its entrance, which is immediately followed by the symptoms of erysipelas, with the well known sequelæ according to the individualities of the case.\* The cyclical course of the disease, which frequently leads to a distinct crisis after five to seven days, may be disturbed or protracted, and even a fatal issue is not excluded. Such a fatal issue may, in my opinion, be either unavoidable (as in the case of an epidemic of malignant scarlatina, such cases with an absolutely fatal issue may be observed), or it may be caused by the fault of the physician. As an especially faulty treatment, we may mention the application of ice. Erysipelas cannot bear the application of cold in this form, and moisture must only be applied in parts of the body distant from the seat of the disease. An experienced allopathic physician wrote to me with respect to this feature: "Packing the calves or the body in wet sheets has been found very useful in my practice." I, myself, have never applied water, *i. e.*, the hydropathic treatment, in this disease. But I am ready to acknowledge that ablutions may be found very useful in this disease as in typhoid fever. Also Dr. Kafka, Sr ,

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\*In his classical work on "Diseases of the Skin and of the Sexual Organs," Prof. E. Lesser-Bern says: "Not only in the erysipelatos skin, and especially also in the lymphatics, do we find these micro-organisms, but we have also succeeded in propagating them in a pure state outside of the body, and by inoculating men and animals therewith typical erysipelas has been caused thereby."

has made use of such ablutions; and he informed me that they sufficed to depress the high temperature of the fever, and that he did not find it necessary to resort to the pouring on of cold water or to cold baths (especially used during the French war of 1870, even in the hospitals). I could myself observe the blessed effects of ablutions with cool water when two girls (twins) were seized with a violent diphtheria and a correspondingly high fever. The thermometer must decide in such cases whether cold water should be used or not. Temperature of 40° C. (104° Fahr.) and over call for it and justify it, especially when the sensorium of the patient is benumbed and the symptoms show no diminution.

We have in Homœopathy remedies which are said to act antiphlogistically and especially to counteract the erysipelatous process. *Belladonna*, *Apis*, *Rhus*, *Arsenicum*, *Mercur. sol*, etc., have surely their use in the course of an attack of erysipelas, yet, as to quickness of action, they *cannot* compare with the application of water, either as packing or as ablution, especially where there may be danger in delay. And at the present day we have to yield something to the urgency of the patients, or of those around them, if we do not desire to see the case pass into other hands. Of course, we shall hear many say: "I do not care about having such patients anyway, if they are not ready to be guided blindly by my will and my experience." This is quite right from the position of the *old*, renowned physician who has grown old in his practice, but it is otherwise from the point of view of humanity, tolerance, progress in science and—I intentionally mention this last—from the point of view of policy.

Whoever, in his practice with erysipelas, only keeps in view the little gnome *streptococcus* will in his pathological narrowness and shortsightedness have but little success. We must learn to take a larger view and see in certain cases of erysipelas the fact of a far extended and complicated disease. First of all the liver is to be considered, which in a typical case of erysipelas is drawn into a close sympathy. Frequently it can be shown that vexation, intense, repeated annoyance, has preceded its appearance. Then vomiting of whatever is partaken of appears in the eruptional stage of erysipelas of the face and head, also a bitter taste, discoloration of the skin, icteric spots in the face, brownish spots in the face, also violent thirst, dryness of the

tongue, entire loss of appetite; these symptoms do not always appear in consequence of fever, but also as a consequence of hepatic affection. Of late it has also been found that alterations in the kidneys and anomalous functions of the kidneys are involved. The allopathic colleague mentioned above, a very liberal practitioner, who warns against the use of ice, and who does not permit the use of opiates even in cases where there is excitement, tells of two fatal cases, both of them physicians. Striking symptoms were "somnolence and yellow spots." They could not be saved but died of *Nephritis acutissima*.

It will also be found on close examination that a dry skin, disinclined to perspiration—this great antagonist of the kidneys—disposes to erysipelas, and is closely related to the gravity of the case. In the climateric years of man and woman, where the organism which originally was mounting upward is about to descend on the other side of the step-ladder, in this stage the characteristic cases of erysipelas usually develop, totally unmindful of the manifestly unworthy pretender to the throne—the streptococcus—whose rights to his position will no doubt be disposed of at an early date. The period indicated is about the fiftieth year of man's life, more or less.

I will here give a case which fully confirms these reflections:

A lady, a widow, aged 60 years, had consulted me a few days ago about a cutaneous affection, which consisted of lancinations in various parts of the skin. Although she had been suffering from this ailment for a long time, it disappeared in about eight days after the use of *Apis*. A few weeks later she suffered from influenza. *Bryonia* removed the cough by which she was tormented so quickly that she urged her brother, who was also coughing, to ask me for the same remedy. Perhaps, also, other doctors have found out that Homœopathy cures too quickly; *i. e.*, the patients, encouraged by the rapidity with which the single symptoms have been removed, think themselves justified in resuming their ordinary vocations and leave their bed and room too soon. So it was in this case. The patient received visitors and did not take the proper care of herself; though just recovered from the grippe, she went out in stormy weather and, in consequence, I was called in again on March 5th and found erysipelas of the face, which, in spite of *Belladonna*, *Apis*, *Mercury*, *Rhus*, etc., increased for five days. The temperature mounted to 40.4° C. (104.7° Fahr.), the sensorium was benumbed,

the swelling extended over the right side of the head, there was also a certain hardness of hearing, the tongue was coated and dry, insomnia and restlessness appeared; the question now arose whether it would not be well to diminish the temperature with water in some form. The brother of the patient who, also was a physician, and, indeed, an allopath, removed all doubt. Informed by his relatives of the severe illness of his sister, he appeared on the evening of March 9th and, naturally enough, he acted according to his views. And the results sustained him; not, indeed, the result of his medicines, but of hydrotherapy. He prescribed ablution of the whole body, a thing the patient had instinctively desired the day before. Though there was yet another increase of temperature up to 40.6° C. (105.1° F.), on the subsequent day the ablutions were continued and the erysipelatos process diminished. This was about the seventh day of the disease. Though it required eight more days before she could leave her bed, nevertheless what was to be expected in the most favorable turn of the disease was attained; and what homœopath would be so blinded by prejudice to refuse to combine our method of cure with the antifebrile application of water, excluding, however, the ice, which can only paralyze and cause a dangerous metastasis to the brain?

The severity of the case is shown by an additional circumstance, which I must not omit to mention. When the patient, later on, visited me as a convalescent she asked me for a remedy to stop the falling out of the hair, a symptom which, to her sorrow, had appeared after her recovery from erysipelas. Beside her catching cold, it was shown that vexation was also one of the causes of her attack of erysipelas; for especially in this disease, in which the liver is affected from the very beginning, there is no doubt about the *propter-hoc*.

Lady R., the patient, related and emphasized the fact that her brother, as physician, had insisted very particularly that the whole room and all within it should be thoroughly disinfected, very much as if malignant diphtheria or cholera had been in the house. He especially used corrosive sublimate. It is remarkable at the same time that we never before heard of epidemics of erysipelas, and the *streptococcus erysipelatos* can hardly have the infecting power of the *micrococcus diphthericus*, or of the *gonococcus* etc. It remains, anyway, one of the chief

duties of modern pathology to draw a rational boundary between the over-estimation and the under-valuation of these notorious, microscopic fomentors of disease.

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## SORENESS OF THE BREASTS.

Translated for the HOMŒOPATHIC RECORDER from *Mediz. Monatshefte*, May, 1898.

During the first period of nursing the *soreness of the nipples* is one of the most common ailments, causing a premature weaning. The nipples become painful, especially while the infant is sucking, and a closer examination shows that the epidermis in various places has been loosened, and that these places are inflamed. If this is not soon relieved the pains continually become more violent and cracks are formed on the nipples which often bleed while the infant sucks. Often this is attended with a feverish state. The remedies are the following:

*Arnica* used externally is of use when the nipples get sore during nursing, but often *Sulphur* is required. The two remedies may be combined, the one being used internally while the other is used externally, the one thus assisting the other. Drops 10-15 of *Arnica tincture* into a wine glass of water and moisten the nipples with it thrice a day, at the same time *Sulphur* 3 D. is given internally twice a day.

*Symptoms* indicating these remedies are: Inflammation of both the nipples and chaps all over them, the left nipple being swollen and ulcerated. On the left breast there are several indurated glands of the size of a nut. The mother is very much excited and cannot sleep for pain.

*Calcarea* will cure a high-grade of soreness of the breasts as also *Graphites*, *Lycopodium* and *Sepia*, *Causticum* cured very sore, cracked nipples with tetter around them.

*Nux vomica* is indicated by the following symptoms: Immediately after delivery, violent drawing pains in the nipples, especially severe after nursing. The nipples are a little sore, whitish in their center, but without suppuration.

*Sulphur*. Considerable painful soreness of the nipples. *Symptoms*: In the first days of nursing the nipples become sore with deep cracks. The margins of the cracks bleed frequently and burn like fire. On the bottom of the nipples and partly also in the areola there are deep chaps. Before a full develop-

ment of the soreness there is frequently oppression of the heart and asthma. The remaining soreness and the small moist vesicles that had formed on the nipples were removed by *Graphites*.

*Sulphur*. Soreness and induration of the mammæ even during pregnancy. *Symptoms*: Occasionally a slight drawing in the indurated mammæ. In the 4th month the mammæ were swollen and sensitive to the least touch. The nipples and areolæ were cracked open and thickly covered with straw-yellow scales, under which an acrid fluid oozed out. In the sore places frequently at night itching, which after scratching turned into burning pain.

After *Sulphur* the nipples healed and became painless. The induration yielded to *Graphites*, and the remaining soreness and the scales on the left mamma were removed by *Lycopodium*. The latter remedy must not be taken below the 6th potency neither in this nor in any other case, as its curative effects only begin with this potency.

In conclusion I would call attention to the healing effects of *olive oil*, with which the inflamed and sore places should be rubbed several times a day. The mammae should be carefully cleansed every time before the child is put to the breast, so that no new irritation may arise.

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## CALENDULA.

APPENDICITIS.—In reviewing the general medical literature of this decade I find but slight mention made of *Calendula officinalis*, the common garden marigold; some text-books dismissing it with four or five lines.

A year ago I determined to give it a thorough test; I had used it occasionally ever since graduation. The first case in which I used it was a little out of the common. In February, 1897, I was called to see a man who thought that he had the "colic." I immediately diagnosed appendicitis, operated on the seventh day, pus came welling out as soon as peritoneum was cut, disintegration had taken place in the appendix, and it came away as soon as handled; the cavity was well walled off and abdomen was closed in the usual way. The man rallied nicely, temperature below 100° during the next four days; in the afternoon of fourth day was called in a great hurry; went at once and found

the dressings covered with fecal matter, and realized that I had a formidable complication—a fecal fistula.

I cut the stitches and removed drainage tube, letting opening gape as much as it would, partial union having taken place at one or two points. I then washed out cavity with two quarts of bichloride merc. solution 1-1000 in a fountain syringe; had the douching repeated every six hours and ordered small doses of sulphate of magnesia to be given; also a small enema. I was not altogether satisfied, feeling that I wanted a wash for the cavity that would be healing as well as cleansing. I then thought of this aqueous extract of *Calendula*, and though having no precedent for its use in such a case I determined to use it. At my next visit I added a half ounce of the *Calendula* to the sterilized bichloride solution, and had similar solutions used every four hours, unless patient should be sleeping.

At the end of the fourth day fecal matter ceased to pass through the cavity. During the next four days a slight bubbling of gas was noticeable when washing the cavity. I then stopped the bichloride and used a sterilized calendulated wash only, making the solution stronger as the cavity grew smaller. I kept the man on his back until cavity was completely closed. He left his bed in the early part of April.

This I consider a remarkable case. Having found no record of the spontaneous closure of a fecal fistula complicating an operation for appendicitis, I believe that *Calendula* must be given the credit.

Since then I have used *Calendula* in every imaginable solution of continuity and it has never failed to benefit, though I have had occasionally to combine it with other remedies to effect a perfect cure. Six cases of gonorrhea have been perfectly cured by using it as an injection in solution varying from 20 to 50 per cent. strength. Combined with *Hydrastis*, equal parts, I have cured five obstinate cases of gleet. It is invaluable as a local application in vaginal solutions of continuity and in diseases of the cervix. In obstinate catarrhal discharges from the vagina a few tampons saturated with *Calendula* usually accomplish a great deal.

Reviewing the past year I cannot now recall the many cases in which I have used it successfully. The last case in which I used it was following an amputation of arm. On account of pain I removed the dressing several days sooner than I other-



wise would have done. After removing the stitches there was some gaping in the centre and at the angles. I filled the places with *Calendula*, applied adhesive straps and gauzes, and at the next dressing the stump was nicely healed.

It prevents suppuration and stops it when present. In fact, I sometimes think that the appearance of suppuration is the indication for its use.

It is my intention to use this remedy, full strength, in the next suppurating tubercular joint affection that comes under my care. If that fails I shall combine it with *Iodoform* as an injection.—*H. W. Conrad, M. D., Paris, Ky., in Medical Gleaner.*

### THE NEW PHARMACOPŒIA NOT A GOOD HOMŒOPATHIC WORK BECAUSE IT IGNORES THE ORGANON.

By Charles Bacon, M. D.

It is written in the Good Book, "Cursed be he that removeth his neighbor's landmarks," and it would seem that the editors of the Pharmacopœia of the American Institute of Homœopathy had laid themselves open to the malediction.

A study of this new authority (?) reveals several important departures from the established homœopathic pharmacy which ought not to be allowed to pass without a protest.

To call attention to two of these is the purpose of this paper.

First: We have the general principle distinctly announced, that "All insoluble or only partly soluble substances should be made into triturations only." This is surely news to the majority of the profession and in open opposition to the distinct statement and practice of Hahnemann. "With the exception of sulphur, which, of late, has been used only in the form of highly diluted tincture (30), all other substances destined for medical use, such as pure metals, their oxides or sulphurets, and other minerals; also, petroleum, phosphorus, and many animal and vegetable substances, which are only to be obtained in a dry state; neutral salts, etc., are all first to be potentized to the million-fold (6x) dry or powder-dilution, by triturating them for three hours; thereupon, one grain of the trituration is to be dissolved, and diluted in twenty-seven successive vials, up to the thirtieth potency, or development of power."—*Organon, paragraph 271.*

The wonderful results that have been obtained ever since the discovery of the Law with the metals, calcarea, silicea, and numberless other "insoluble" remedies, have, in the vast majority of cases, been reached by liquid potencies. We must therefore choose between the testimony of the great masters and our own observation and the dicta of the committee. There are some of us who are conceited enough to believe that we are competent to recognize the action of a drug when we see it, even if the wise men of the American Institute deny that there is any drug power in the remedy prescribed. Theories are worthless in the face of facts, and every *true* homœopath *knows* that the efficacy of fluid attenuations of insoluble remedies is a *fact*.

Second: The new Pharmacopœia directs a departure from the established drug strength of very many remedies, so that with few exceptions the tincture represents one-tenth part of the medical substance. The editors of the Pharmacopœia of the American Institute candidly admit that "it is evident that *many will be required to change* their present methods, notwithstanding they have become familiar." As a theory this is very pretty, and possibly there is some occult potency in the decimal system, but practically it is a serious matter. Homœopathy is based on an elaborate system of provings, seconded by careful clinical observations. To change the strength of the tincture, or, as is directed in the case of aconite, to use the whole plant *and root*, is to change the nature of every succeeding potency, possibly the action of drug itself. It is an essential departure from the teachings of the Master, and the introduction of an element of confusion into practice. Every physician will be confronted by the difficulty of having on his shelves remedies of different strengths but labeled as the same potency, and the uncertainty as to which he will receive when he next orders.

The triumphs of our school have been won by a strict adherence to the methods of Hahnemann. New and useful remedies have been added by means of careful provings according to his directions, but every departure from his teachings has been marked by a falling off of cures. If we are to hold the ground that we have won and go on to fresh victories, we must be loyal to the great author. Every case must be carefully individualized and the symptoms carefully covered by the remedy, which can only be done with a remedy which has been proved and administered in the same form in which it was proved. Some other

method of preparation may be equally good, or even better, but we do not know it, and cannot know it without re-proving. The allopath may speculate as to the effect of his drugs, and prescribe according to his guesses; but the homœopath, if he is entitled to the name and loyal to his principles, must *know*, and he can only know when he is prescribing remedies prepared in the old way.—*The Big Four*, July, 1898.

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### THALLIUM FOR BALDNESS.

In the "French News" column of the *Chemist and Druggist* we came across a note on the effect of *Thallium*, which we have no doubt homœopaths will soon turn to good account. Here is the paragraph :—

#### Curious Effect of a Remedy.

"Dr. Huchard read a paper at the last meeting of the Paris Academy of Medicine on *Acetate of Thallium*, which was formerly advocated by Dr. Combemale, of Lille, as a medicament against profuse perspiration in certain cases of serious illness. It appears, however, that its useful influence is counterbalanced by the fact that it causes the hair to fall off with great rapidity. Dr. Huchard exhibited at the meeting several photographs of patients who had become quite bald in several days. He was consequently very emphatic against the use of the remedy."

There is all the difference between the two schools in this note. To the allopath this is a "curious effect" merely, and serves to condemn the drug. To the homœopathic it brings to light a new remedy for a troublesome affection which is by no means too well provided for.

*Thallium* is a rare metal, whose atomic weight is 204.2, its symbol being Tl. It receives its name (*θαλλός*, a green shoot) from the green line it gives on the spectrum, through which it was discovered by Crookes in the residuum left from the distillation of selenium. Thallium has a bluish white tint and the lustre of lead; is so soft that it can be scratched by the finger nail. Specific gravity, 11.8. It belongs to the lead group of metals but has peculiar reactions of its own. It is used in the manufacture of a glass of high refractive power.—*Homœopâthic World*.

**IRIS VERSICOLOR.**

Previous to 1886 I had never used *Iris* as a single remedy. Since that date it has been much used and carefully studied, and only as a single remedy. Previous to that date I had prescribed many a pound of *Comp. Syr. Stillingia*, to which was added 3j of *Iodide of Potash*. *Iris* is one of the ingredients of that old abomination. But either the poor quality of the drug or the counter-influence of company prevented any marked beneficial effect. Month after month patients were doped with that comp., and I verily believe in many cases they were more harmed than benefited.

In the spring of '86 I was called to treat a case of eczema in a woman who had been treated for nine years, and by as many doctors, and grew steadily worse every year. It came in waves or cycles, each one covering about six months, to be quickly followed by another. She was nearly fifty years old and near the middle of one of these cycles when I was called. As she "had taken everything" internally and externally, without any noticeable relief, the case seemed hopeless. Her garments would literally be glued to her entire person, and the itching was agonizing. A noted Boston Eclectic was in town, and I invited him to see her and offer suggestions, as nothing so far had given her any relief. But his suggestions were only similar to what I was doing. About that time the April number of the *Eclectic Medical Journal* came to hand, and on page 188, from the pen of the immortal Scudder, I read: "*Let me say that Iris is the best internal remedy I have ever employed in chronic diseases of the skin.*" That was a ray of light in a dark place and the physical salvation of that wretched woman. I commenced with gtts. v every two hours internally and a twenty-five per cent. mixture of the same in warm water to the surface. It relieved the itching as nothing had done before. The dose was gradually increased to ten drops. The tormenting eruption at once began to wane, and in a few weeks was gone. But as there was a tendency to return the lady kept the remedy in the house and used it three times a day occasionally. She is still living, and fairly well, in Oklahoma.

In the same editorial mentioned above Scudder wrote: "I use *Iris* as an anti-syphilitic more than all other remedies." From

that day to this I have used no other remedy internally for syphilis. It will do in three weeks what the old comp. often failed to do in three months. Most of my cases have been in the secondary stage, and the rash vanishes in two or three weeks. A young man stepped into my office one morning, soon after reading Scudder's words last quoted, with a look of distress on his countenance, and his face and neck freely sprinkled with the red and bronzed pigments peculiar to syphilis. Dr. W—— had discouraged him by saying it would take six months to get rid of that rash, and, "to be honest," he said, "it would go about as quick if left alone as from anything he could do." But the young man would lose his place unless something was done to hide his condition. Perhaps I hypnotized him, for with *Iris* in ten-drop doses, six times a day, and a strong solution of "asepsin" to his face and neck, the rash rapidly faded, and was not noticeable at the end of three weeks. He was happy, but continued the *Iris* three times a day for about three months. No tertiary symptoms developed in that or any other case thus treated. Therefore, I conclude after long and careful observation that *Iris* is *nature's antidote* for *syphilis* —O. S. Laws, *California Medical Journal*.

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### NEGUNDO.

O. S. Laws, A. B., M. D., Los Angeles, Cal.

*California Medical Journal.*

I suggested that we have a "Symposium," in Our Journal, on single remedies. They are the backbone of whatever science there is in therapeutics, and should be kept in view. As a starter I offer one that is entirely new to the medical fraternity, as I cannot find it in any medical work.

In botanical language it is known as *Negundium Americanum*. The common name is "box elder." It is a native of Kansas. It is a distant relative of the *Acer* family. I had just fairly begun to test its value when I left Kansas for California, and not finding it here, except as a shade tree on the sidewalks, I can not get any of the root bark, which is the part used. From the short experience I had with it I conclude it is the best internal remedy we have for hemorrhoids. I have used *colinsonia*, and *æsculus* without ever being impressed with their prompt action.

But *negundo* goes at it as *colocynth* does in its specialty, so that the victim who has been writhing with an engorged rectum "will arise up and call you blessed." So you see this is not only a single remedy but a "fundamental" one. The bark of the root of the yearling plants is what I prefer.

Recent cases of hæmorrhoids can be completely cured in this way, and the old hard cases temporarily relieved. So, gentlemen of the medical profession I hereby introduce to you my friend *Negundo*.—*Cal. Med. Jour.*

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### FERRUM PICRICUM IN WARTS.

Some years ago I saw in one of our journals, name forgotten now, an article in which *Ferrum picricum* was recommended for warts, but I had never had occasion to use, until the following cases came into my hands.

Case I. Nellie McC., age 5 years, blond, well formed plump child. A close examination failed to elicit any symptoms except this: Her hands were both literally covered with warts; from the tips of the fingers to above the wrist there was not a space the size of a silver dime that was not covered. These were confined to the dorsal surface, and ranged in size, from a grain of corn to a pinhead; some were smooth and many were rough and hard, while many were conglomerate; two or three united to form an extra large one.

*Thuja* was given high and low, with no appreciable change, then remembering *Fer. picricum*, I gave her the 6th potency, a dose four times a day. Result—in four weeks the warts had entirely disappeared, and her hands were as smooth as her face.

Case II. Willie B., age 12 years. Rather large of his age, and of lymphatic temperament. Face very freckled, and has tendency to tonsillitis and pharyngeal catarrh, but no other symptoms that I could get at, except both hands on dorsal surface completely covered with warts of the same kind as Case I, except warts were larger and rougher, single and conglomerate. Gave him *Fer. picricum* 6th on 50 pellets, and had him take one, four times a day. Result—his mother reported that in about three weeks warts had all disappeared, and he was the proudest boy in Kokomo. I have not seen him since giving the *Fer. picricum*, and have not had opportunity to observe what effects the medicine had on the throat or freckles.

From the results obtained in these two cases, *Fer. picricum* impresses me as being a very useful anti-sycotic remedy, and one well worth proving — *A. W. Holcombe in Medical Advance*.

(The November and December, 1896, numbers of the *Homœopathic Envoy* contained record of the cure of a case of warts, on an engraver's hands, of fifteen years standing, which finally grew so bad as to compel him to give up his occupation. The cure was complete and the remedy was *Ferrum picricum*.—Editor HOMŒOPATHIC RECORDER.)

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## BOOK NOTICES.

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**A Repertory to the Cyclopædia of Drug Pathogenesis**, compiled by Richard Hughes, M. D. Part II. Eyes—Ears—Face—Digestive System. Pages 97-192. London: E. Gould & Son. 1898.

Part II of this great work of Dr. Hughes' is now ready for delivery. It is an index of inestimable value to all who wish to go to the original sources for their symptoms, and the scholars of the homœopathic profession owe Dr. Hughes a debt that can scarcely be paid, for his laborious and, we fear in too many instances, thankless task. It is a work, too, that the high potency men can use quite as well as their less extreme brethren.

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**The American Eclectic Materia Medica and Therapeutics.**

By John M. Scudder, M. D. Twelfth edition. 748 pages. 8vo. Sheep, \$5.00. Cincinnati: The Scudder Brothers Company. 1898.

All that need be said about this standard book is, that if any one wants the best eclectic materia medica it is the book to buy. We hope that when the 13th edition appears the publishers will add a therapeutic index; it would be a great convenience to the reader.

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**CONSERVATIVE GYNECOLOGY AND ELECTROTHERAPEUTICS.**—A Practical Treatise on the Diseases of Women and Their Treatment by Electricity.—Third Edition, Revised, Rewritten, and Greatly Enlarged. By G. Betton Massey, M.D., Physician to the Gynecic Depart-



ment of Howard Hospital, Philadelphia; Late Electro Therapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex President of the American Electro-Therapeutic Association, of the Société Française d'Électrothérapie, of the American Medical Association, etc. Illustrated with Twelve Full-Page Original Chromo-lithographic Plates in Twelve Colors, Numerous Full-Page Original Half-tone Plates of Photographs taken from Nature, and many other Engravings in the Text. Royal Octavo 400 pages. Extra Cloth, Beveled Edges \$3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 West Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., CHICAGO, ILL.

When a medical work gets into a third edition, and not from plates, but enlarged and revised, it is something of which the author may well be proud. This edition is unusually well printed and is very rich in colored, and other, plates illuminating the text.

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OUR esteemed and most "regular" contemporary, *The Atlanta Medical and Surgical Journal*, has fallen afoul of Burnett's *Diseases of the Skin*, and deems it necessary to admonish the flock of which it is the shepherd that the book is dangerous and that it "is necessary to give warning against its pernicious teaching." In a nutshell, the book teaches that a diseased skin is the external evidence of a constitutional disease, and that if the physician cures the constitutional malady the skin disease is cured with it; and that to "cure" the external disease by means of ointments and lotions is but to drive it in and make a life-long invalid of the patient in the majority of cases. So far from this being "pernicious teaching," it seems to us to be, in the popular tongue of the land from which the *Journal* hails, good "hoss" sense. To be sure it conflicts with the microbe theory, but then we may look for that battered theory to go out before long. With all due respect we still hold that Burnett's book is not "pernicious," but is most healthful, helpful and sane.

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PUBLISHERS Boericke & Tafel have in press another work by Burnett, *Change of Life in Women*. It is very original, as are all that writer's works, and full of wise suggestions. It will be out in September.

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SCUDDER BROTHERS COMPANY, of Cincinnati, announce a new edition, rewritten, revised and enlarged, of King's *American Eclectic Dispensatory*. The work will be done by Harvey W. Felter, M. D., and John Uri Lloyd. King's was a great old work and we hope the new editors will not cut out too much of the old matter.

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THE *Medical Century* for July says, anent the Omaha meeting:

There was more of an outcropping of true homœopathic suggestion at this meeting than at any in recent years, and it was observed that whenever a speaker had the courage to plant himself squarely upon the old platform he was accorded hearty applause. The revival of homœopathic loyalty seems to have come to stay. At any rate, there is a tide drifting that way with irresistible force despite the desire of a minority of the membership to become so deucedly "liberal" in their tendencies as to overthrow all orthodox Homœopathy in sight. It may be stated that there is a small number of more or less prominent members who have no rightful place in a homœopathic body. If they belong anywhere it is with their beloved "modern allopaths," or at least with the conscientious eclectic convention. Homœopathy has no rightful place for straddlers.

Yet nowhere can a comparatively "big man" so completely drop out of the swim, as he with a homœopathic degree in an allopathic convention. It is good, this awakening to the fact that they have a grand birth-right, and it is also timely, for if Homœopathy flirts too long with that chameleon "scientific medicine" it will have no standing with the public. Homœopathy grew to its present proportions because in the eyes of the public it stood for something *distinctive*; if, however, that distinctiveness is to be replaced with kowtowing to the rapidly succeeding fads of the so-called "scientific" end of the medical outfit the public will soon size us up and drop the whole concern. And a few more blows from within, like the Boston Pharmacopœia "making foolishness of Homœopathy, will rapidly hasten the evil day.

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THE Pharmacopœia of the American Institute is receiving some very adverse criticisms. The careful thinkers are of the opinion that this innovation will have the effect, if generally accepted, of upsetting the entire homœopathic system. It is

certain to lead to much confusion, contention and trouble of various untold kinds. The men who have compiled this work could not do a wiser thing than to retract and call in the book.  
—*Editorial in Big Four, July, 1898.*

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AT a regular meeting of the Kings County Homœopathic Medical Society the following preamble and resolutions were unanimously adopted.

WHEREAS, The bigotry of the allopathic branch of the medical profession still exists and shows itself in discrimination by self-styled regulars against the appointment of homœopathists as surgeons or assistant surgeons in the Army, Navy or Marine Hospital service of the United States; and

WHEREAS, The appointment as Division Surgeon, U. S. V., of Dr. M. O. Terry, who has served with distinguished success for two terms as Surgeon-General, N. G. N. Y., serves as a precedent and a proof that it is practicable for practitioners of Homœopathy to serve their country in their professional capacity;

*Resolved*, That the Homœopathic Medical Society of the County of Kings, State of New York, respectfully urge upon the House of Representatives, the Senate and the President, the enactment of the Joint Resolution [Senate File 164, introduced by Senator Allen, of Nebraska] now before the Senate to the effect that: "Graduates in good standing of any medical college, regularly chartered under the laws of any State of the United States, and eligible to practice therein under the laws of such State, shall, on application, be entitled to examination for appointment in the medical corps of the Army, Navy and Marine Hospital service of the United States, any statute or departmental ruling or regulation to the contrary notwithstanding."

*Resolved*, That a copy of this resolution be sent to every member of the Senate and of the House of Representatives, to President McKinley, to the German Homœopathic Society, to Dr. A. B. Norton, Chairman of the Interstate Committee of the American Institute of Homœopathy, and the homœopathic journals of the country.

Respectfully yours,

E. RODNEY FISKE, M. D.,

*Secretary.*

484 Bedford Avenue. Brooklyn, N. Y.

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A CONTRIBUTOR to an old-school journal writes, anent "compounds": "Every drug is of itself a compound, formed by a master hand for some useful purpose. Advanced therapy teaches that this single remedy has a special, well-defined field of action, and is only hampered in its work by the addition of other compounds."

And yet there are homœopaths, who should know better, with their shelves full of idiotic "compound tablets" concocted by pharmacists who know as much about the use of remedies as a Spanish gunner does about gunnery! With homœopaths taking up with "scientific compound tablets" and with a brand new pharmacopœia that, while true science is just beginning to explore the wonders of divisibility, would tie the school down to the gross particle visible through a microscope, Homœopathy is in a fair way of losing some of its laurels.

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THE table of contents of a prominent old-school journal recently showed "serum" treatment recommended for mushroom poisoning, influenza, grippe, rheumatism and tuberculosis; all this in one number. An examination of the volume would probably reveal the fact that "serum" has been recommended in every known disease. This crude form of Homœopathy, it seems, must run its course, like a self-limited disease, and eventually from its crudities may spread a more scientific knowledge of the use of nosodes. Men who understand them even now use them with powerful effect, but they do not first dilute their nosode through the veins of an old horse. Some day this form of dilution will be cited among the curiosities of medicine.

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THE pace is getting fast. Here is the *Medical Record* of July 16th giving a leading editorial to the treatment of roup in chickens, with antitoxin, "with the most satisfactory results." But, gentle reader, if you are ever called upon to treat a chicken sick with roup, before you give him (or, more probably, her) an injection of antitoxin, try the case on a dose of *Spongia*, 15th potency or higher. It is not so scientific as the antitoxin, perhaps, but it will cure the patient quicker and better and will not endanger his or her life. It is old-fashioned Homœopathy and safe to tie to.

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IN his report of the meeting of the homœopathic society of Ohio in the *American Homœopathist*, Dr. Frank Kraft makes the following very gratifying statement: "In this connection I want to emphasize what was apparent throughout all the bureaus, namely, the determined homœopathic spirit which prevailed. It was always there and broke out on the least occasion.

It appeared, as already written, in the bureau of gynecology, in surgery, in clinical medicine, and in other bureaus. I am sorry I did not hear Dr. Martha Canfield's paper, for I have been assured it was a worthy one, dealing nicely with the homœopathic remedies most commonly called for in uterine disorders."

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### **CHAMPAGNE FOR THE WOUNDED AND SICK.**

Surgeon-General George W. Sternberg was tendered and has accepted the generous donation by Messrs. G. H. Mumm & Co., France, through their agents, of 1,200 bottles of their famous Extra Dry Champagne.

The Treasury Department has allowed this wine to be delivered from bond, free of duty, and part of it has already gone to Santiago on board the steamship Olivette for our sick and wounded, while the balance will be sent where it will do the most good.

As champagne is very highly esteemed in the treatment of yellow fever, and will greatly add to the comfort and health of the sick, as well as the wounded, this magnificent gift will be greatly appreciated by the sufferers, especially as such delicacies cannot by any possibility be afforded by the Army and Navy Commissary, and it is hoped this donation will stimulate other firms to similar contributions

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THE RECORDER is indebted to Dr. Arschagouni for the interesting account of the removal of Hahnemann's body.

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WE have often said that the RECORDER is a homœopathic and medical forum open to all. In this number Dr. Anna Wood speaks from the shoulder on the subject of Hygiene and other things. The Doctor makes some good points, and also, some that are emphatic. Some day, perhaps, she will open her eyes to the fact that of all ways devised for managing the human race, driving is the worst.

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IF not already bespoken, send your paper to the RECORDER. We will give you a very large circle of readers. Also feel free to express your opinions in these pages—so long as they are not too personal.

# PERSONAL.

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The Russian Minister of Public Instruction has issued a decree prohibiting the Russian women from wearing corsets. Nervy man!

It is intimated that gonorrhoea has more to do with appendicitis than grape seeds.

"Our party did not hang itself by its necktie."—*From Omaha visitor's letter.*

"*Calcarea carbonica*—is one of the best tonics in the homœopathic materia medica!"—*Ex.*

A Professor warns persons with an "iron constitution" against water, because it rusts iron,

We suspect that the "dear old seniors" would prefer to drop that three-letter adjective. When you pass fifty it doesn't seem "old." "Seniors" is enough.

"The diogonese was worms," remarked the old gentlemen.

Do not fail to read Burnett's *Diseases of the Skin*. Worth it.

To be half-toned these days is not so much of an event as in days ago.

Napoleon said four newspapers are more dangerous than an army.

Ye gods, what power doth lie in the editorial gray goose quill!

"In *some* hands the pen is mightier than the sword."—*Bulwer.*

And the biggest in the world's outfit is not so tall when you get near him.

Guess it's principles that make men great and not the other way.

Subscriptions for *Journal Belge d'Homœopathie* received by Messrs. Boericke & Tafel. \$1.50 per annum.

Arndt's *Practice of Medicine* will be out this coming fall; it will be in one volume—the latest and the best.

"What will the Allopaths think!" is still a power.

Mumm's champagne is the one to prescribe.

The 40-page pamphlet, *Physiological Treatment of Disease*, is to be had on request at B. & T.'s pharmacies. Send for a copy.

Anti-*Rhus* is the best thing yet discovered to allay the intense itching and inflammation of the skin following *Rhus* poisoning. Boericke & Tafel sell it.

The dollar of the subscriber is always cheerfully received.

The 47th Annual Meeting of the Homœopathic Medical Society of N. Y. will take place at Syracuse, on September 22nd and 23rd.

Dr. Urania Tyrrel has removed from 18th and Pine Streets to 154 North 20th Street, Philadelphia.

Dr. J. Wilford Allen has succeeded to the practice of Dr. F. G. Oerte 1110 West 12th Street, New York.

Dr. Francis Peak has removed from Pelham Rapids to Alexandria, Minn., having purchased the practice of Dr. H. C. Wood, of that place.

The "Christian Scientist" seems to have come out on top in the Rhode Island Supreme Court.

It is said, with due respect to Dr. Shenk, that the best way to beget a boy is to try, try again.

# THE HOMŒOPATHIC RECORDER.

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## “YE CANNOT SERVE TWO MASTERS.”

We regret that the *New England Medical Gazette* has lost its old-time courtesy on the question of the new pharmacopœia recently brought out by its publisher, and with courtesy its temper also. The RECORDER has repeatedly pointed out wherein this new book differs so radically from the Homœopathy of Hahnemann that the one or the other must be wrong, and has wanted these radical differences discussed, but the *Gazette* absolutely ignores them and only reiterates that the book was “indorsed before the largest representative body of homœopaths in the world, the American Institute of Homœopathy.” Unfortunately for the future welfare of Homœopathy this is true, and it constitutes the one strong point of the book, or rather, of its publisher, for the book, though bearing the perfunctory endorsement of the Institute, is in reality, as the *Gazette* says, a private venture and seems to be so regarded generally, as may be inferred from the following, clipped from Dr. Fisher’s great, and, we may add, fair, journal, the *Medical Century*:

It might easily be inferred by reading late issues of the *New England Medical Gazette*, the HOMŒOPATHIC RECORDER and the *Medical Visitor* that the profession is rent in twain and lying awake o’ nights over its American Institute Pharmacopœia. Not a bit of it! While the Institute has not made a brilliant success of its book publishing schemes it has nevertheless issued a valuable Pharmacopœia, in which are contained many very good values. With the pharmaceutical problems and pharmacal technique let the pharmacists wrestle. The profession, which does not make its own medicines in the first place, but which often makes its dilutions, triturations, etc., and which desires general knowledge about the remedies it employs, will confine itself to these topics and find the new book of inestimable value to them. Other pharmacopœias, also, have like uses.

“The other pharmacopœias are just as good, or have like uses,



but the new one is endorsed by the Institute therefore we will support it," seems to be the prevailing idea. If this were true, the **RECORDER** would never have said a word on the subject, for we fully realize the strength of the *New England Medical Gazette's* only strong point, "Endorsed by the Institute," and it is no light matter to go contrary to even the perfunctory endorsements of that body, but the idea is not true. The new work is simply revolutionary, and we are firmly convinced that if the members of the Institute realized where it will lead them they would not only not have endorsed the work of their committee but would to-day withdraw their endorsement.

It would be well if the homœopathic physicians of this and other countries could read, in this connection, one, of a book of essays, written some years ago by, if we remember correctly, Mr. A. Birrill, and published under the title of *Obiter Dictu*. The drift of this particular essay was to demonstrate the extreme importance of bodies of men, organized on certain principles, being logical to those principles, and that so long as they were so they were a power, but when they went contrary to their fundamentals weakness and dissolution entered. It is, essentially, the old scriptural law, "*Ye cannot serve two masters.*"

Hahnemann's books are the premises of Homœopathy. In the matter of pharmacy, and *especially* in principles, the new pharmacopœia contradicts those premises and, sooner or later, the inevitable divine law that two masters cannot be served will surely compel the choice between the new pharmacopœia and the old premises. There can be no escape from this, for it is involved in the irresistible logic of events. Where both books are taught the question will arise which master must we serve? for we cannot serve both!

The *Gazette* says: "Neither the publishers of the **RECORDER** nor anyone else, to date, have advanced any argument in opposition to the new pharmacopœia worthy of consideration."

Is not the fact that the new work not only does not, as it should, give the method of preparing dilutions from the insolubles as directed by Hahnemann, but goes out of its proper sphere as a pharmacopœia to condemn them, worthy of consideration? Hahnemann says: "In order to convert the potent trituration into the liquid state, and still further develop its power, we avail ourselves of the experience, hitherto unknown to chemistry, that all medicinal substances triturated to the

third are soluble in water and alcohol." The new work says: "Triturations of substances insoluble in water or alcohol should not be used for dilutions." Who is right, Hahnemann or the new pharmacopœia? And cannot the *Gazette* see that if the position of the new pharmacopœia is correct then it follows that the old school men who pronounced the wonderful successes, following the use of the "insoluble" drugs potentized according to Hahnemann's directions, to be merely the work of nature, were also correct? The worst assault Homœopathy ever received was not so terrible as this tacit repudiation of the work of homœopathic physicians in the past; it carries with it the tacit assent that the old school men were right and the earlier homœopaths were mere dreamers. This is one argument against the new book that seems to be worthy of consideration, at least by those who believe in the Homœopathy of Hahnemann.

Here is a quotation from the new work worth considering:

**DIVISIBILITY OF SOLUBLE MEDICINAL SUBSTANCES.**—Before stating the method of making dilutions, the pharmacist should be reminded that up to a comparatively recent period of the present century matter was considered infinitely divisible, and hence there was no objection to the infinite dilution or attenuation of medicines. But since more recently the older monadic atomic theory has been developed into molecular science, now forming the basis of physics, chemistry and other branches of science, the infinite divisibility of matter is no longer upheld, and the limits of divisibility, for our purpose at least, are more than approximately placed in the neighborhood and somewhat below the 12th centesimal or 24th decimal degree of attenuation of soluble substances. While we are bound to ignore nothing which modern science has revealed, and while we are desirous of keeping abreast of it, it is not incumbent upon us as pharmacists to limit by any arbitrary rule the degree of dilution or trituration which might be desired.

As we read the foregoing, it means that after you pass the 12th centesimal potency you are no longer administering medicine to the patient, and that every success reported in our literature with remedies above that degree of "attenuation"—the new work repudiates "potency"—was the result of a vivid imagination. We do not know whether the *Gazette* will consider the shame and dishonor cast on physicians who report successes with remedies above that point a matter worthy of consideration or not. Hahnemann says that the 30th potency is the one from which the best success may be obtained; the new pharmacopœia says that "science says" there is no medicine in the 30th potency and "we are bound to ignore nothing which modern

science has revealed." The question is, which master shall ye serve?

If Homœopathy, after waxing great and lusty, flouting "science" and schoolmen, is now to be bound hand and foot and delivered up to her ancient enemies we imagine the publisher of the new book will hardly be able to sell enough of it to pay for the plates and the sixteen type-written pages of corrections they need. Will not the star-eyed goddess and bewigged schoolmen say unto the committee that has denied the works and beliefs of the fathers of Homœopathy: "If you admit there is nothing in your remedies above the '12th' you will also be compelled to admit there is precious little below that. You deny the doctrine of Hahnemann (it always stumped us), that the curative powers of the drug was brought out by potentiation, consequently the world has no more use for *your* Homœopathy. We were unable to conquer the Homœopathy of Hahnemann, but yours is easy."

Another point in the quotation given above from the new pharmacopœia is somewhat curious in the inevitable "logic of events." "While we are bound to ignore nothing which modern science has revealed—its *our* master—and while we are desirous of keeping abreast of it, it is not incumbent upon us, as pharmacists, to limit by any arbitrary rule the degree of dilution which might be desired." Why not? You arbitrarily dictated that dilutions "should not" be made from triturations of the insolubles as directed by Hahnemann, so why not obey your master and refuse, like honest pharmacists should, to label vials with the name of drugs which contain not even a "molecule" of them? What will the world think, what ought it to think, of a pharmacopœia which in one breath tells its readers that there is none of the drug in the "dilution" above the 12th, yet says it is permissible to supply any "dilution or trituration which might be desired," even the 30th or higher, and, of course to label them with the drug's name while teaching there is nothing in those dilutions or triturations but alcohol or milk sugar? Is not that bit of curious dishonesty on part of the new work worthy of consideration? And would a pharmacist who follows the new pharmacopœia not be justified in supplying all dilutions above the 12th from his alcohol bottle, or the triturations higher than the 12th from his powdered sugar of milk stock? If not, why not? There is nothing in either, according to the new pharmacopœia!

The above contains arguments "worthy of consideration," and we sincerely hope the *Gazette* will not take refuge in its usual fortress, "the Institute has officially adopted the new book and—that settles it," for as shown above it does *not* settle it. Neither the Institute, the *Gazette* nor any man or body of men can escape inexorable logic. You *cannot* deny your own premises and convince the world that you are other than—a rather singular person, or body.

Apropos of the official dictum of the new pharmacopœia, that the limit of our medicines is reached at the 12th centesimal, the following is rather thought-inspiring:

This is the great sphere of the action of *Calcareo*. But it has other uses, which seem independent of its power over assimilation. One of these is of a very curious kind; and, if I had not repeatedly seen it (and also felt it) myself and had it vouched for by excellent observers like Drs. Dudgeon, Drury and Bayes, could hardly have credited it. It is its power, when given in repeated doses of the 30th dilution, of relieving the pain attending the passage of biliary (Dr. Bayes says also renal) calculi. It has for me quite superseded the need of chloroform and even of the hot bath. \*\*\*. The higher dilutions, from the 12th to the 30th, are those which appear to be most in favor, and which I use myself."—*Pharmacodynamics* pp. 345-46, by Richard Hughes, M. D.

(Curiously enough, too, *Calcareo carb.* dilution is one of those made into dilution from the trituration in the manner forbidden by new pharmacopœia.)

The quotation from the *Pharmacodynamics*, as we said before, is thought-inspiring. Are Hughes, Dudgeon, Drury and Bayes wrong, or is our new pharmacopœia in error? They *cannot* all of them be right!

Shall we draw the censors blue pencil through this, and other parts, of the *Pharmacodynamics*, through Farrington's works, Dunham's, Constantine Hering's, Jahr's, Boenninghausen's and all the other practitioners up to Hahnemann? Or shall it be through this pharmacopœia which repudiates the Homœopathy of the Fathers?

"*Ye cannot serve two Masters.*"

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MEZEREUM.—"Red, itching, miliary rash on the arms, the head, and the whole body, partly single, partly in clusters, very troublesome and obstinate."—*Hahnemann*.

**DOCTOR PUCK.**

**By A. F. Randall, M. D., Port Huron, Mich.**

The legend has come down to us that old Diogenes habitually went about the streets with a lighted lantern in the daytime, seeking an honest man. So sarcastic his speech, so bitter his irony to the selfish crowd that he was surnamed *The Cur*, and his very unreasonableness probably saved his life, while the cultured and gentlemanly Socrates had to drink the hemlock because he lacked these cranky qualities.

It is my pleasure to introduce a critic of a different stamp, and for several reasons he ought to be favorably received.

If he were of our race his observations might be supposed to be prompted by envy or some other selfish motive, but as he seems not to have a mission, and to be perfectly unconcerned as to what he sees among us, merely recording as a clear-sighted and unprejudiced observer whatever comes before his eyes, he ought to be, as I said, acceptable to us as a critic, seeing that he manifests no disposition either to help or hinder.

I propose that he be given a degree—in fact, without waiting for a convocation I have decided, single handed and alone, to invest him with the title of—say *Doctor of Uncommon Law*.

I remark that I know very little of his history, attainments or standing but this is not the first instance of graduation by default, as it were.

However, he is credited by our mutual friend, William Shakespeare with a remark so singularly clear, fair and profoundly true that it ought of itself to outweigh all objections, if there be any.

Said remark finds an answering chord in every doctor's heart, and I expect them to ratify with great unanimity my action. A critic from the ranks of us mortals would have selected a class or certain individuals on whom to put the seal of his disapprobation. Or he would have seasoned his critique with adjectives strong, suggestive of personal feeling. But when we are all included no one can feel that he is singled out as an object of spleen—"What fools these mortals be!"

Observations of Dr. Puck: Of all the people seen in my travels to and fro in the universe those inhabiting earth are the most strange. Their lives the briefest, limited to a few years,

subject to misfortunes dire and various, it would seem that from the day that Adam realized his mortal condition he and Eve would have made themselves a Committee on Public Health, experimented and observed until they had ascertained with tolerable accuracy the kind, amount, compounds and varieties of foods that would insure the most vigorous health, the greatest enjoyment, and defer to the latest, possible date the inevitable dissolution. What are the facts? The art of eating for health they seem never to have discovered, their only rule being to eat until full of whatever suits the taste, avoiding only that which experience has taught them to be followed by immediately disagreeable consequences. Accordingly, very few live a hundred years, most die in childhood, and nearly all suffer most annoyingly from weakness and disease. The custom of this people regarding the treatment of disease is no less peculiar.

While in general they recognize the necessity of special training in the different avocations of life, they except the healing art, and believe that utter ignorance and inexperience do not disqualify one for healing disease, so that it may be said that the number of physicians is fourteen hundred millions—that being the number of inhabitants, and every one with an incurable itch for prescribing. Indeed, so little importance is attached to accurate knowledge that some of them will take a drink from any bottle found in a fence corner, with the belief that it contains a magic balm for their particular ills.

It would seem that their dabbling in a practice of which they know nothing would be sufficient to justify the title of "fools," which it is said I bestowed upon them, but there is much more in evidence. There is no lack of physicians, proper, and they compare favorably with the rank and file, if their superior advantages be not considered.

Of course it would be expected that, having made a special study of the causes that determine disease and untimely death, they would be found excellent examples of correct living, whereas the truth is that the majority are intemperate in eating, smoke and drink, are profane and lewd, and their length of life is somewhat less than the general average.

Apparently, then, they are entitled "by honorable distinction" to the title of "fools."

These peoples of earth are very sensitive to truth-speaking; they have the bump of "approbativess," as their phrenologists

say, very largely developed, and like to be praised and well thought of, and averse to a personal application of wholesome facts to themselves although they are fond of cutting up each other.

Personally, the old doggerel is their creed, condensed:

"I am willing a man should go tolerably strong  
Agin sin in the abstract, for that sort of wrong  
Wuz always unpop'lar, and never got pitied,  
For 'twas that which wuz never committed."

One of the amusing contentions of these humans is that they are endowed with reason, and they claim that as chief distinction between them and the lower animals.

In considering the stuff that is offered in evidence of this claim but little informed of a satisfactory kind. That there are the rudiments of a faculty for reasoning in some of them I do not deny, but it is exercised so little that a robust, well-trained, well-balanced reason is about as rare as a hen's tooth is said to be.

#### Dr. Puck on Law.

Certainly, evidence of the existence of calm, dispassionate reason ought to be found in the code of laws governing a people; but in general their laws relating to murder, for example, show very little of it. If a man be missing it is apt to be surmised that he has been murdered, and if circumstances point to some one as the probable offender he is "arrested" and if a jury of the most ignorant men in the community decide the case as proved against him this man is torn from his family and strangled to death. Wherefore? Apparently from a savage instinct—not reason—in the human breast for revenge. It may be that no murder has been committed, or some other person proves to be the murderer, it matters not; they continue to deprive men of that sacred thing, "life," as well as "liberty and the pursuit of happiness"—which is said to be "guaranteed by the Constitution of the United States"—on purely circumstantial evidence. Again, it is not denied that an insane man is irresponsible; it is admitted that under the influence of drink any man may do that which he would not do when not sober, yet the drunken murderer is executed just the same as the sober murderer, and many an innocent man has been sent into eternity by a relentless, un pitying, unreasoning law. If the man did a murder when drunk that he would do when sober he was



not guilty. If he were guilty then so was the man who sold him the drink, and the men who licensed the seller, and the people who voted the license are *particeps criminis*, and they should all be hanged for aiding and abetting the crime if one is. Look at the spectacle of great nations allowing, aiding and encouraging this drunkard making business, which is sapping the nation of its money, its intellectual and moral stamina, looking quietly on, unconcerned or unable to resist it. Any evidence of reason here? No, stark, staring madness and idiocy.

### Dr. Puck on Human Theology.

But there is a higher, nobler, grander attribute of the mind-religion. Surely, here we shall find reason enthroned. Let us see:

My guide, one of the humans, honored on earth by his kind as being one of the brightest, grandest and best of their number, opens a door and permits me to gaze out into eternity. I see a lake with gentle billows, and it is red—it is liquid fire! And, horrors! Tossing up and down upon those billows are men and women groaning, shrieking, blackened, crackling, but not consumed. Multitudes, that no one could number—who are these unfortunates? How long will this last? ‘They are the wicked and it will last as long as eternity lasts.’ You cannot mean it—why, these are the boys and girls that you played with in your happy boyhood days, your neighbors and friends—surely, it will be over in a minute. ‘No, it will never cease.’ Never? *Never?* NEVER? Will this indescribable suffering *never* end? Why it freezes the blood in my veins, and I feel that the memory of this and the thought that it never ends will drive me mad!

Why does not God put an end to their torments? ‘He cannot.’ He cannot! ‘Even so, for the soul is immortal.’ You mean to say that God cannot destroy that which he has created? ‘Yes, that is the teaching of the nineteenth century.’

But here I am taken in hand by another ‘guide,’ who says that ‘that *was* the teaching fifty years ago, but all that is changed. Thank you, thank you! I am so glad to be relieved of that dreadful nightmare. Then God *can* destroy the incorrigible?’ ‘No, no, not that; but you see when people began to reason and to feel they realized that human nature could never endure such a belief, and so we cast about for a reasonable belief

and we have reached a conclusion ; it is this : the agent of punishment is not fire but mental punishment—remorse.” But it will come to an end, will it not? “No, it can never end, for the soul is immortal.”

I remember a painting—a man on his knees, hair disheveled, chained to the floor, looking upward with utter hopelessness in his gaze—the artist’s idea of despair. This is the revised theology of the nineteenth century—unending suffering and misery for multitudes.

Who says the soul is immortal? “Why, everybody knows that.” I beg pardon. I do not know it, and I call for proof. The anatomist, the physiologist, the pathologist, has never found a soul and does not even find any proof of its existence. “Well, the Bible teaches it.” I beg pardon again; it says that God only hath immortality, and that his servants are seeking it, and that “this mortal shall put on immortality,” and man is said to be mortal.

I don’t believe that your Bible teaches the existence of any such thing after death as the soul. “O, yes, it does! Then shall the dust return to the dust as it was and the spirit to God who gave it.”

But, my friend, see what a mess you have fixed up for yourself. You say that means that the spirit goes to Heaven, the body goes to the ground, while the soul, if it is wicked, goes to hell—the body in the ground, the soul in hell and the spirit in Heaven—this conclusion is inevitable if your belief is right. Here we have too equally learned, bright, honest men affirming two different beliefs, although the Bible has not changed and both absolutely unthinkable. Do humans think? Nay, verily, and if the foregoing are the results of their ripest scholarship after thousands of years of experience and research it seems idle to expect much in the future, and it would be far the best to wipe out the worthless, give the truly deserving their promised immortality, and let them begin a renewed existence with enlarged capacity or rather confirmed habits of thinking.

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MEZEREUM,—“Quite cold, externally for thirty six hours with great thirst, without desiring to get warmed, without dislike to the open air, and without subsequent heat.”—*Hahnemann*.

**A PHYTOLACCA SKETCH.**

**Thomas C. Duncan, M. D., Prof. General Medicines and Diseases of the Chest, National Medical College, Chicago.**

*Phytolacca* is a queer drug. Its chief use was in sore throat and inflammation of the breast, now it is the anti-fat remedy. How does it work is a problem that scientific diagnosticians and pathologists should explain. Those who use it to lessen adipose find that it makes the stool semi-solid and there is a profuse flow of urine. To lessen fat deposition the food must be limited as in the Banting system of starvation, or the excretions must be increased. *Phytolacca* acts by (1) lessening the appetite and (2) by increasing especially the urine.

One physician I know who wants to hasten the cure in chronic cases gives a dose of *Phytolacca* at night. The patient is obliged to get up once or twice at night to urinate. This stimulates the sympathetic system and must in some cases hasten recovery.

Any one familiar with the growth of the poke root knows that it luxuriates in a very rich soil; that is, one that contains much nitrogenous matter. It is a bulbous root and must take up much of the soil ingredients. New land that contains much potash is where it grows in all of its fulness. It is said that the root contains much potash (*Kali hydro.* or *Kali carb.*, which?). The mental symptoms correspond to the *Kalis*. *Phytolacca* is a lazy drug—just like *Kali* and fat folks. It has vertigo on motion. The muscles are sore and weak. The muscles of deglutition are off duty, so that there is a feeling of a plug in the throat and at the rectum also. There is a metallic taste in the mouth suggesting a sluggish liver. Evidently the patient is not up to his digestive capacity, but the drain is not by the bowels for they are constipated. Instead there is "violent urging to urinate." "Profuse urine at night." It is not pale, watery, nervous urine but "albuminous urine. Deposit like chalk. Dark red urine leaving a deep red stain in the vessels." Like *Sepia* it has defective assimilation and metabolism, hence the urine and myalgia. Some people have to stop the use of this remedy on account of the myalgia and especially an alarming cardialgia that develops when taken to reduce fat,

especially in patients with hypertrophied heart. It cannot be taken with impunity, and patients who take it should be under medical surveillance.

Like *Mercurius*, it affects the back and liver, and like *Kali*, it effects the glands, especially the mammary gland. It is not a suppurative remedy, *per se*, but produces a lessening of the hypertrophied indurated gland by retrograde metamorphosis. Not by fatty degeneration like *Phosphorus*, but by tissue reabsorption. It absorbs the fat and fibrous tissue and then seems to attack the muscular fibre, hence the myalgia from weakness or rather muscular drain. That explains the general muscular pains and stitches—the so-called muscular rheumatism found among its symptoms; so the *Phytolacca* patient “desires to lie down” and has “indisposition to move.” He is lazy because it hurts to move. That is the secondary effect.

The bad effects of *Phytolacca* are antidotes by “milk and salt” (both nutrition agents); *Belladonna*, coffee (vomiting); *Ignatia* (especially), *Mercurius*, *Mezerium*, *Sulphur* (eye symptoms) and *Opium* (large doses).

Its comparative remedies, according to Hering, are *Camphor*, *Arsenicum*, *Arum*, *Iris*, *Guaiacum*, *Kali bich.*, *Kali jod.*, *Rhus* and *Ipecac*. This drug like many others deserves more attention and provings.

## HOMŒOPATHIC CASES FROM INDIA.

By Dr. A. W. K. Choudhury, Calcutta.

### I. SILICA IN A CASE OF SOFT STOOL WITH DIFFICULT EXPULSION.

A Mahomedan, named Kafiluddeen, aged about 20 years, came to my dispensary the last day of January, 1898. The history and symptoms of the case were as follows: Daily one *soft stool passing with difficulty; thread-worms*; spitting of saliva during day, but more so before evening; appetite good; sleep good; urine reddish; taste in mouth insipid; spleen somewhat enlarged; stool narrow, flattened; incessant discharge of fetid flatus in the morning.

The illness commenced since our patient commenced to observe the fasting of the Ramdan (the fasting month of the Mohammedans).

Given *Silica* 12, one dose to be taken just after evening before any substantial food taken. The next day his bowels moved once rather freely and the medicine was repeated. The third day of his attendance, the second of February, he was glad to tell me that he had passed two soft free stools. He recovered without any more medicine.

## II. HEPAR SULPH IN A CASE OF SOFT STOOL WITH DIFFICULT EXPULSION.

The patient, a Mohammedan of about 33 years, came to my dispensary the 30th December, 1897, for the treatment of a chronic intermittent fever of about three months' duration. He improved under *Pulsatilla*. At the latter part of the treatment his complaints were: "Bowels open daily once, twice or thrice; stool soft, but passes with difficulty; downward passage of fetid flatus, relieving flatulent distension of abdomen; was salivated; used quinine."

He was given one dose of *Hepar S.* 30, and he got relief of the symptoms. A certain irregularity in living called back the symptoms, though not well pronounced; got rid of again by the same medicine.

REMARK: We see in Bell on *Diarrhœa*: "Expulsion difficult" of soft stools has *Alum.*, *Calc. ph.*, *Gels.*, *Hep.*, *Psor.*, *Sil.*, and *Stann.* for its medicines. Of the above symptom (expulsion difficult) I gather here two cases from my case-book for my readers, each of which, as shown above, was treated with a different medicine. *Sil.* in one and *Hep. S.* in the other was given, and both of these cases got rid of the symptom with their respective medicine. Why in one case I prescribed *Hepar*, and why in the other *Silica*, may be questioned here. In the *Hepar* case the history of being salivated made me select the medicine *Hepar* and in the next, the *Silica* case, the patient's thread-worms indicated *Silica*.

Now, we must be guarded very carefully not to permit routine work in homœopathic practice, which may effect often in failures.

## CARBUNCLE.

To a novice in medical practice it is not always an easy matter to diagnose a carbuncle, especially in the commencement of the disease. However, a carbuncle may well be characterized by the following symptoms and signs: Like the boil, but not

wholly, it is a dermal affection, the carbuncle having a deepening and spreading disposition, the boil having always a smaller size and somewhat conical, while that of the carbuncle is larger and flat on the surface, the skin over the carbuncle being of a dusky red hue and the tumor being of a doughy feeling, fluctuation not clear in carbuncle, and when discharging that of the boil being a pus of central core, carbuncular discharge not free, often with pores or openings on the surface of the tumor. These points differentiate the carbuncle from the boil. A superficial abscess may be mistaken by a beginner, if not by an older practitioner, for the carbuncle.

I have seen carbuncles on the back, neck, face, lips, abdomen and on the thigh, but in more cases on the back.

Man is more liable to this affection than woman.

I remember no case in infants; adults and old persons only suffer from this.

I remember one case that had the carbuncle on the abdomen, and one case on the thigh.

In treating carbuncles I have found *Ars.*, *Sil.*, *Rhus tox.* and *Sulph.* doing good service.

I do not remember even a single case of failure since I have become a convert to Homœopathy. The difficulty and danger of the patient have fallen much lower down with the rise of the Homœopathy. I can assure any one there would be no need of the surgeon's knife in the treatment of a carbuncle if Homœopathy gets admission earlier.

I don't use any external application, poultice, etc., save water dressing or some oil, in its treatment. Select the proper homœopathic medicine and that's all.

Not less than a dozen of cases can I collect from my case-book, but that would take time and may be considered superfluous. So to avoid all these I prefer here to present a rare case of carbuncle. It is a case of a carbuncle on the thigh. John Eric Erichsen, in his work on the Science and Art of Surgery, 6th edition, Vol. I., page 540, in describing the situations of the carbuncle, writes he has seen them occurring on abdomen, the shin, forearm, forehead, lips and cheeks, failing to mention the thigh. So, thinking it an extreme rare case, I take pleasure to publish it:

An old Mahomedan lady was the patient. She came under treatment June 7, 1898. She had a puncture on her left palm;

the wound ended in suppuration. When I first saw her the wound was suppurated, another ulcer with hard encrustation was found on the dorsal surface of the left wrist, and the ulcer having some pustules around.

A carbuncular swelling of a dollar size was found on the outer side of the upper part of the lower third of the left thigh.

She was given *Silica* 12 two doses per diem; used four doses. Slight improvement of the left hand and wrist followed this treatment producing no improvement of the thigh-inflammation, instead we found bleeding therefrom. This bleeding was not constant, but followed walking a few steps; whenever she walked a stream of blackish blood flowed down to her heel. The tumor was raised up, and flat on the surface, with three or four small openings. She complained of burning of the thigh ulcer.

Thinking the bleeding might have been owing to aggravation of the medicinal effect of *Silica*, I stopped it for twenty-four hours, but without any good resulting. So I was compelled to change *Silica* for *Sulphur* 200, giving her one dose on the 9th inst. No bleeding followed the administration of the first dose till it reappeared the next morning, when another dose of *Sulphur* 200 was given. Palpable improvement followed the first dose. On the 12th inst., morning, bled once more, and she was given another dose. Hæmorrhage stopped after that of the 12th inst. Last time I saw her, on the 15th inst., when there was no swelling of the tumor, only a small ulcer remaining.

She took medicine and took leave of us.

REMARK : The situation and the bleeding give the carbuncle a rarity. There is no need of the knife in the treatment of the carbuncle if you practice Homœopathy. *Sulphur*, the best of our medicines, did not hesitate to produce a satisfactory good result in the treatment of our present case.

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ZINCUM.—“ Very violent drawing, tearing in the middle part of almost all the long-bones, so that they have hardly any firmness for sheer pain.”

“ Piercing, shooting in all the joints, shooting and tearing in all the limbs, extending into the finger tips, worse after getting heated, while sitting down.”—*Hahnemann Chronic Diseases*.



**HOMŒOPATHIC CASES FROM ITALY.****By Dr. Bonino. Reported by Dr. Mossa.**Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
July, 1898.**Plantago Major 6.**

A series of cases lately observed go to prove that *Plantago* is useful in prosopalgia supraciliaris, whether on the right or the left side, whenever this assumes a periodical, quotidian character, beginning in the morning between 6 and 8 o'clock and completing its decrease by 2 P. M., accompanied with photophobia, lachrymation and violent pains, radiating toward the temples and the lower part of the face. The action of the remedy is strikingly sudden and there is no relapse if it is continued for twenty-four hours from the beginning of the attack.

**Ferrum phosphoricum.**

Continued observations confirm a certain analogy of this remedy with *Aconitum*, although it shows a more passive character in the phenomena of congestions, especially in the lungs.

A man of 74 years, formerly a smoker and a drinker, had suffered from an obstinate gastric catarrh. He, nevertheless, felt measurably well until he was seized a few weeks ago with respiratory troubles and cramp of the bladder. He went to bed, and on examination showed an arhythmic intermittent pulse; little, red urine; a dry cough, and total anorexia. *Aurum f.*, *Terebinthina* and *Digitalis* did little or no good, until on the sixth day of the disease the cough became more troublesome, the pulse still more irregular and the respiration assumed the cheyne stokish form. In the lungs on both sides there was a dulness, a light delirium during the temporary somnolence, heat and congestion to the head, the urine scanty, turbid, albuminous. In view of these symptoms which threatened an imminent catastrophe since there were no definite indications for any particular remedy, Dr. B. thought of *Ferrum phosphoricum* and left six powders, one to be given every hour.

The effect was wonderful. After the second dose, the storm was allayed; the patient quietly slept for several hours. The pulse was regular, although still accelerated; the urine was discharged in greater abundance, the respiration became much

freer and the patient received him overjoyed and thankful. Nor was this favorable result delusive; recovery commenced from that day, and it only remained to bring the digestive organs into better activity. "If any one of my colleagues, when in similar distress, should repeat my clinical experiment, he would very probably share my admiration for this preparation of iron."

(We see from this that the action of *Ferrum phosphoricum* is not, as stated by Schuessler, limited to the first stage of pneumonia. Farrington says (p. 273): "It acts on the blood-vessels, producing a state of semi-paralysis, causing them to be dilated, as in the *second* stage of inflammation. The pulse is full and softer; not hard or tense as in *Aconite*. It is indicated in congestions of any part of the body when the excretions of this part are *streaked with blood*. This may occur in dysentery, in hæmoptysis and in secondary pneumonia. It is manifest that Dr. Bonino's case contains several of these indications of Farrington, although the pulse did not quite agree with it. In any case the remedy removed the passive stasis in the lungs and thereby increased the heart's activity and thus removed the threatening asphyxia.—Reporter.)

### Colchicum 3.

A tanner, thirty-two years of age, otherwise healthy, had suffered for eighteen months from diarrhoea of an extreme fetor, with violent pains before every discharge, especially by night. The customary treatment had hitherto been unsuccessful. In view of the long duration of the ailment and of the fact that the stools were more frequent toward morning I first prescribed *Sulphur*, which caused no change. A closer inquiry showed that the liquid stools were accompanied with copious mucus, which looked like scrapings of the intestines. This at once led me to *Colchicum*, which in two days restored the evacuations to their normal state.

### Lolium temulentum 3.

A carpenter, aged twenty-nine years, had been suffering ever since his eighteenth year of trembling in both hands, especially in the morning; of late also his legs began to tremble. It is remarkable that both his father and his brother were subject to the same ailment, while no definite cause could be indicated. He was first given *Mercurius vivus*, then *Agaricus*, which

brought a partial but only transitory improvement. Finally I prescribed *Lolium tem.*, which in a short time effected a cure.

(The pathogenetic effects of this remedy which has not yet been proved at all are only known to some degree from its effects when it has been mixed with grain and baked into bread. It has caused chest troubles, *vertigo* (thence the name darnel-grass, in German *Taumelloch*), *trembling*, paralysis with anguish and distress, vomiting, failing of the memory, blindness, headache, epileptic attacks, deep sleep and insanity. The good success obtained by its use in the case given above shows what curative effects may be expected from it in severe affections of the brain or spinal marrow. An Italian physician, Fantoni, has tried it in cephalalgia, meningitis rheumatica and in ischias.)

#### Causticum 30.

A lathe-worker in iron, aged eighteen, had suffered for three years from an ever-increasing atrophy of the right arm, which in consequence of stiffness of the joints or of weakness of the muscles had made him unable to work. The use of *Causticum* in rare doses restored within a year the activity of the arm and partially removed the atrophy of the muscles. Very many and various had been the efforts made before for its restoration.

#### China 3.

A woman of forty-four years, the mother of four children, had suffered from pleurisy with exudation a number of years ago and a paracentesis had been made. In the year 1891, in consequence of a disease of the liver, ascites developed, which had been removed in the polyclinic at Turin by means of *China*. In the year 1897 she came again with ascites, œdema of the lower limbs, scanty and turbid urine, an occasional vomiting of a bitter fluid in the morning; the heart was normal, the menses excessive. *Apocynum cannabinum* increased and made clear the urine, but the ascites would not yield; and so I went back to *China*, and this remedy, continued for two months, again cured the disease.

#### Arsenicum jodatum 3 (made with ether).

A woman, aged fifty-three, without children, though she had twice had an abortion, had been infected with syphilis when thirty-seven years of age. After a series of morbid phenomena,

now in the bones, then on the skin, there appeared almost all around the neck a series of granular swellings which passed into suppuration and also fretted the skin, so that the muscles of the neck lay exposed, causing unbearable, burning pains, and discharging an extremely fetid pus. Now, all these sad and repulsive sequelæ vanished completely, while the skin was perfectly restored, simply by the internal and external use of *Arsenicum jodatum* for five months.

(These are excellent achievements, filling us with joy, and giving honor to the Homœopathy of Italy and must secure for it an ever-increasing extension.—Reporter.)

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## BRIEFS FROM PRACTICE.

By Dr. H. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Z. fuer Hom.*, June, 1898.

### 1. Cures from Cina.

If we had as specific remedies for all diseases as we have for *incontinence of urine* our practice would be a very easy one. I would not say that *all* forms of this ailment, so troublesome for all who come into contact with such youthful patients, may be cured by the remedy in question, but surely most of them, before another is indicated. This disease, which is to be considered as a weakness of the bladder, is often found in scrofulous children. With such children we often find swellings of the tonsils, also the lately discovered "tumefaction of the gland of the fauces," also adenoid tumefactions (polypi) in the nostrils. To this circumstance incontinence of urine has been ascribed, *i. e.*, to the defective respiration (snoring) resulting thence, whereby the blood is said to become surcharged with carbonic acid, so that a poisoning of the blood from carbonic oxide gas would ensue, resulting in a partial paralysis of the sphincter of the bladder, thus causing this incontinence. This hypothesis has, however, a very unsafe foundation. For the children affected may be scrofulous, or they may not.

More frequently this particular ailment may be found attended with the presence of worms, and to the irritation from the worms

as the cause I ascribe the efficaciousness of *Cina* in this ailment.

As a case in point, I quote from a letter dated on the 18th of last February from Mr. K.:

"As you may remember, I consulted you by letter dated, the 23 ultimo., about my little daughter's wetting the bed. I can now state that her ailment has been very considerably improved. By day, as well as by night, she can better control her micturition. She usually goes to bed at 7 p. m. and needs not be taken up before 10 p. m. to attend to micturition. We have only to wake her once more during the night for the purpose. I would request you to send me another supply of medicine, so that the ailment may be radically removed. The medicine sent lasted till to-day."

The prescription had been *Cina* and, indeed, *Cina* 1. Even the centesimal attenuation selected for this case (two drops of the tincture to ninety-eight drops of alcohol) shows its strength both by its smell and its color. Its smell is so peculiar that it can scarcely be mistaken for any other medicine. The color is, even in the first centesimal scale, so intensely yellow that a minute quantity adhering to the leather case of the bottle shows a color between green and yellow (almost the color of the yolk of an egg); it also stains the paper in which the sugar of milk moistened with *Cina* 1 was enclosed.

In the case of scrofulous children it is well to also give them some *Calcareo carb.*, which will contribute indirectly to their power of resisting the weakness of the bladder and even the irritation that may be caused by worms.

## 2. Chronic Ailments.

There are two opportunities of strongly confirming the faith in the positive action of homœopathic doses. The first is the cure of chronic diseases by such doses, and the second, the medicinal aggravations produced by such doses. It is all the more interesting and instructive to meet with these two elements in one and the same case, as occurred in the following instance:

A gentleman of the most vigorous age, broad-shouldered, tall and of great staying qualities, in a fatiguing calling, involving long and arduous journeys, finally began to show the effect of a mode of life calling for such an expenditure of vigor. He

began to look unhealthy, rather sallow and pale, suffered from vertigo, nervous palpitation of the heart, convulsive conditions, and for five years he felt stitches and pressure in the left side. Some time before, owing to living in a newly built house, he had suffered from rheumatism, showing itself mainly in the left foot. Vertigo usually appeared after lengthy foot-tours. There were no physical symptoms of the heart, except a somewhat languid beat, as is apt to appear in neurasthenia. A physician had given a diagnosis of enlargement of the heart, but without taking the trouble of investigating the case by means of percussion and auscultation.

The first consultation took place October 11th of last year, and the second on January 23 of this year, and I had the satisfaction of hearing my patient report considerable progress. Palpitation and oppression have disappeared, "a stupendous appetite" had set in (this shows that this had before been lacking). He was no more troubled with vertigo. As he had not changed his mode of living, the homœopathic medicine must have effected this change. A peculiarity worth noting is, that he had felt quite considerable aggravations from taking the medicine. Usually I give a different dose, but owing to the continual journeys of my patient I had directed him not to dissolve the powders but to take the whole dose at once; to be more exact: four drops of the medicine used were dropped on sugar of milk, and this was to be taken at one time, one powder every third evening. The powders contained *Phosphorus* and *Calcarea carb.* The patient stated that he always felt an aggravation immediately after taking the powder. He calls it a peculiar effect. Once he felt just as if a string had broken inside of him. Self-deception with him is out of the question, as this occurred repeatedly, and the gentleman is by no means hypochondriac. He had really no time for such indulgences. The conundrum may be solved by remembering the "highly sensitive natures" observed by Reichenbach, or the "reacting individuals" reported by Jousset, *i. e.*, the morbidly exaggerated reactive faculty, infinitely sublimed of certain—we can hardly say favored—individuals when exposed to an irritation that others pass by without observing it.

We ought to mention here also his simultaneous deliverance from another ailment. When he first consulted me he had also complained about one of his ears. For weeks he had suffered

from "a fearful earache" and hardness of hearing. An inspection of the external meatus auditorius had shown an considerable accumulation of cerumen. I thought it best, however, to make a few warm injections. They helped little or nothing, but had one noticeable effect. Even during the injection, the patient was very disagreeably affected by the proceeding, nor did his hearing improve. But on the second day all these symptoms had disappeared, *i. e.*, *there was no more earache and the hearing was restored.* Who will explain this? Did it require also in this case a homœopathic aggravation of symptoms? Was it already the effect of the medicine—independent of the injection? The medicine was *Phosphorus*. I can merely state that this is not the first time that I succeeded by the mere injection of lukewarm water in obtaining such an effect, even in cases where there was no accumulation of cerumen. But we must be careful when patients complain of a feeling of fulness; we must not suppose that they can be freed therefrom by injection merely. A careful examination of the tympanum may under such circumstances lead to a diagnosis of otitis interna. This frequent disease, which leads to the perforation of the tympanum (either spontaneous or artificial), has a pathognomic sign: *striking hardness of hearing* together with the sensation as if something would break through outward in the meatus auditorius, and as if this was stopped up.

### 3. An Indication for *Bellis*.

*Bellis Perennis*, our common daisy, is seldom used homœopathically, Von Gerhardt, *e. g.*, does not mention it at all in his Manual of Therapy. On the other hand, it has found admirers among our English colleagues, and one of the most excellent of these English physicians, Dr. Burnett, in his work, "Tumours of the Breast" and their medical treatment, calls attention, in speaking of the successful treatment of a tumor in the left breast, to a useful indication. On page 101 he remarks: "I would here give an important clinic hint with respect to *Bellis*. It is of frequent use when the symptom is: Wakes early in the morning and cannot get off again." This phenomenon is frequently found, and strange to say it is usually connected with abdominal troubles. So also in the above mentioned case we read: "The chest is sound; the abdominal tumor still is very large and the patient has altogether the appearance of a woman with child."



After taking *Bellis* 1 she sleeps well and *feels easier in the abdomen*. Dr. Burnett continues. "In cases of pregnancy and of tumors of the uterus (also in enlargement of the heart) *Bellis* gives great relief, *i. e.*, it removes the effects of mechanical pressure." I can only confirm that also I have observed that when *Bellis* was given owing to such an indication, the tumor existing in the chest considerably decreased in size.

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## HOMŒOPATHIC ANTIDOTES IN CASES OF POISONING.

Ay Ad. Alf. Michaelis.

Translated for the HOMŒOPATHIC RECORDER from. *Mediz. Monatsh. fuer Hom. u. Allg. Heilkunde*, June, 1898.

An exact knowlege of antidotes is important, yea, absolutely necessary, to the homœopathic practitioner if he uses so called double remedies, or remedies taken in alternation; for without such knowledge it might happen that the one remedy may antidote the effects of the other, and his patient, in spite of his taking much medicine, really would receive no treatment at all.

But it is not our intention to treat here of antidotes in this sense, but only to adduce some cases in which the prescription of some medicine or other has led to a more or less dangerous case of poisoning, requiring a quickly acting remedy and energetic treatment. The medicines acting thus must be of such an aggressive nature that of themselves they are hostile to the human organism. Prominent in this class is *Mercury* (quick-silver); on account of its specific and many-sided effects this remedy is used very frequently, but, we are sorry to say, in large, poisoning doses. There is then frequently allotted to Homœopathy the difficult but useful task of curing chronic poisonings from mercury, the so-called mercurialism or hydrargyrosis, and thus to restore what others have spoiled. It is fortunate that Homœopathy possesses many an excellent arm for this warfare. The chief enemy of *Mercury* is *Iodine* and various preparations of *Sulphur*, which are also used by allopaths for this purpose.

We may enumerate among these: Pure *Sulphur*, *Antimonium sulphuricum*, *Hepar sulphur. calc.*, *Iodine* and *Kali jodatum*. The latter is the chief remedy in mercurial salivation which generally introduces and accompanies the acute stage. Mercurial

fever may become a very threatening phenomenon, quickly reducing the patient's strength; its specific remedy is *Arg. nitr.* If both these symptoms are simultaneously present it is often well to alternate these two remedies. *Acid. nitric.* is much lauded in cases in which the mucous membranes of the throat are especially involved in this morbid process. I have not, however, found it effective in such a case. Dr. Zopfy, the late Swiss physician, recommends for this purpose *Dulcamara*, observing that bittersweet has proved a most excellent antidote to *the action of mercury on the mucus membranes.* *Aurum* (gold) and *Mezereum* have also been recommended, especially in mercurial diseases of the bones.

A very aggravated state of poisoning is also caused by *lead*, which chiefly manifests itself as *lead-colic.* Certain pursuits (those of compositors, printers and workers in earthen ware) are especially exposed to this danger. *Aluminum* is the natural and best antidote to *Plumbum*, and is therefore also able to cure the much-feared lead-colic. Prof. J. T. Kent, of Philadelphia, makes the following very appropriate remark about this: "The two metals are so similar, one to the other, that they can not stay in the same house, *i. e.*, one antidotes the action of the other."

Invalidism caused by *Arsenic* or *Quinine* is cured by *Ipecacuanha*, so also poisoning from *Morphine.*

Of late *Strychnine* has been found to be an antidote to *Curare* (arrow-poison.)

*Natrum permanganicum* has been lately used by allopaths with good success in cases of acute poisoning with *Phosphorus.*

Every poison has some natural antipode in nature, and where we do not know this counterpart it is merely a sign of the incompleteness of human knowledge. Often some mere accident has led to the discovery of such an antidotal relation, as, indeed, to many other cures.

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### · SAW PALMETTO.

"Better is the reproof of a friend than the kisses of an enemy," runs an old and truthful adage, hence I trust that no Kentuckian in this society will shoot me on the spot when I say that a few years ago, when this society met in Louisville, a very short paper was read on *Saw Palmetto*, giving a very meager account

of its application in certain forms of urinary troubles. And I blush to record the fact, the writer excepted, not a single member present knew enough about the drug to discuss it at all in an intelligent and instructive manner. Before that meeting I made the statement that saw palmetto, in my hands, given in ten-drop doses before meals and at bedtime, had cured a hundred cases of sexual weakness in men, when given according to the following indications: Depression of spirits, lack of mental vigor, a general letting down of the nervous and muscular system, associated with an enlarged prostate, with throbbing, aching and dull pains, weakened sexual power and loss of thrill.

*Saw Palmetto* in impotency, when given as stated, will never disappoint you. In cystitis and irritable urethral troubles in females, which has been produced by her soft fingers lingering too long in caressing the clitoris, you will find it an excellent remedy given internally and by injections of ten drops to the ounce of warm water.

In reflexed headaches, from ovarian and uterine irritations or disease, it ranks with sepia, sanguinaria, bell., etc. The patient will complain of sharp pain on top of head, running down and across the forehead, worse in right temple; with this condition there will be pain across the lower part of the back, heaviness of the abdomen and stinging pains in right ovary. Its indications in threatened or mammary abscess are: Glands feel sore, very tender; sharp, cutting, radiating pain in the gland; nipples sore. In abscess of the breast the discharge is creamy in color, slightly brownish, with a faint odor as of starch. Apply tincture on brown sugar locally, and give internally 6th to 30th attenuation.

The drug has a wide range of action in ovaritis, endometritis, flexions and prolapsus uteri. Its indications are: sharp pains in right ovary, running down to thigh; breast sore and tender; pain in temples and forehead, worse in right side, in afternoon and after-part of night. An uncomfortable feeling all over the body, with stinging pains in the abdomen, in front, low down; slight pains in the top part of the head; and severe stinging pains in right ovary. Discharge from vagina yellowish white, smelling like semen.

As *Aconite* has been fitly termed "the homœopathic lancet," so *Saw Palmetto* has been named by me "the homœopathic tissue builder," for it is marvelous in its action when given to the unnaturally thin person. And a person who is lean because of

some grave chronic disease can gain from ten to forty pounds by the use of saw palmetto. This is true of persons who have been thin during life and are descended from lean ancestors.

It improves the appetite promptly and effectually and increases the weight very quickly. It increases the strength of weak debilitated, anæmic persons more quickly and thoroughly than any preparation of iron, quinine, hypophosphites or cod-liver oil. It invigorates the digestive processes quicker and better than pepsin or caroid. In this condition it is best to begin with ten-drop doses in one-third of a glass of water before meals and at bedtime, rapidly increasing the amount until the dose reaches two or three spoonfuls in a glassful of water four times a day.

It is not, however, safe to give it for this purpose in females, as upon them it quickly shows a marked pathological effect, producing many unpleasant symptoms of uterine and ovarian origin.

This has been given to you for your most careful consideration, hoping that each of you will make yourself well acquainted with its wide range of action by consulting my proving of the drug in 1892 "Transactions of the American Institute," and also a careful reading of the monograph on saw palmetto by my friend, Dr. E. M. Hale, of Chicago.—*W. Scott Mullins, M. D., Louisville, Ky., in American Homœopathist.*

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## MEDICAL EXAMINATIONS.

(The following very sensible remarks are by Dr. Chas. O'Donovan, of Baltimore, in the *Charlotte Medical Journal*. Examining Boards everywhere should read them.)

At this time of the year hundreds of young men, who have spent from three to seven years in preparing themselves for the practice of medicine as a life work, come before the various licensing boards of the different States for permission to practice. Let us suppose that they have worked faithfully in their preliminary training, as well as in the medical schools from which they have received their diplomas. What kind of treatment have they to expect from the State Boards who are the courts of final appeal?

We must confess that in every instance the examinations by the board seem harder than fairness would require. Many of

the questions would puzzle an expert to answer, and too often we have noticed catch questions. This is not fair to the applicant. When a graduate of a reputable medical college comes before an examining board he has a right to expect every opportunity to prove himself able to practice medicine, and should not be compelled to pass such an examination as would probably stump nine-tenths of the physicians in the State. Take, for example, the published questions of the North Carolina State Board, and let any physician, no matter what amount of experience he may have had, try to answer them one by one, and we are sure that few could pass successfully. On Anatomy, on Physiology and on Chemistry the questions are fair; on Obstetrics, on Gynecology, on Practice and on Materia Medica the questions are very comprehensive and often very difficult to answer satisfactorily in a written examination. The questions on Surgery would require a book to answer properly, covering as they do nearly the entire field of surgery in one way or another. In Pediatrics we find but two questions, one a very good one, but the other evidently a catch question that would trip nearly every one. Very few physicians could describe "Noma" without recourse to the text books; it is a very rare disease, and far more rarely described by that title. It seems to us unfair to make half of the examination on this branch hinge on that catch question. We have noticed similar instances in other examination papers, but this comes closer home to us, and so we consider it most worthy of mention.

Let the Boards treat the applicants with fairness. It is not a criminal offence to want to earn a living by the practice of medicine; and it is a very serious matter for a man who has spent all that he could save in his endeavor to get his diploma to be told that he cannot practice his profession because he does not know all of the refinements and technicalities that the board examinations too often call for. We admit that the profession is overcrowded; we admit also that there are too many schools many of which give diplomas to unworthy candidates; these can readily be detected by much less rigorous examinations than are now in vogue. We wish too to uphold the dignity and authority of the State Boards, but we feel compelled to warn those bodies that they can injure themselves by being too rigorous and exacting, and so bring into discredit an institution that should work for the good of the whole profession.

## OLIVE OIL IN THE TREATMENT OF HEPATIC COLIC.

Dr. Barth (*Semaine Médicale*, No. 56, page 441, 1897) states that the work of Chauffard and Dupré in France, and Rosenberg in Germany, have established beyond a doubt the therapeutical value of large doses of olive oil in hepatic colic, and have partly elucidated the method of its action. When a considerable volume of olive oil, say one hundred or two hundred cubic centimetres, is introduced into the stomach of a patient suffering from hepatic colic, the stomach throws it off and the spasmodic contractions cause the liquid to spread over the whole surface of the stomach and a part is driven into the duodenum; thus the lubricating action of the oil makes itself felt over the entire irritated surface. Willemin and others have noted cases when this remedy acted like a charm, and almost as quickly as an injection of *Morphine*. When the oil is once in the duodenum it comes in direct contact with the orifice of the ampulla of Vater. If the passages are permeable, it may penetrate into the bile duct, but if a calculus blocks up the way capillarity comes into play, and the mucous membrane absorbs the oil and conducts it to the foreign body. According to Chauffard and Dupré, the oil cannot dissolve the calculus. Brockbank, by employing a bath of oil at the temperature of the body, has seen a calculus of 1.6 grams lose 1.21 grams in weight in four days, and in another case he has seen a loss of forty-four centigrams in the same time. While the oil remains in the canal it is submitted to the action of the digestive juices and is resolved into fatty acids and glycerin; a part is incompletely saponified and is expelled in the form of small concretions which are often mistaken for calculi, but they are only fatty matter, rich in palmitin and palmitic acid. This digestive process is accompanied by an abundant secretion of bile, which commences about three-quarters of an hour after the ingestion of the oil and persists for about three hours. Rosenberg thinks that this phenomenon is reflex. Stewart and Ferrand think, on the other hand, that it is due to the passage through the liver of the glycerin and the fatty acids formed and absorbed in the intestine. However this may be, the abundant secretion of bile and its passage through the biliary duct favor the progress of the calculus toward the intes-

tine. This hyper-secretion also cleanses the intrahepatic passages and expels the mucus, epithelial masses, and dark bile. The usual dose is one hundred and fifty or two hundred grams, taken before breakfast in the morning; a few drops of essence of anise make the oil pleasanter to take.—*Medical Recorder.*

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SOME time ago, when making a study of *Cistus Canadensis*, I was struck with one characteristic developed in the provings. The common names of *Cistus*, as you know, are "Rockrose," "Ice plant," and "Frostweed." Hering quotes from the United States Dispensatory this description: "It grows in low, dry, mica-slate hills and serpentine rocks. It is abundant at the foot of Pine Rock, New Haven, in the barren plains, and seems to be dependent on the presence of talc (magnesia). It is said"—and here is the point to which I wish to draw particular attention—"that in the months of November and December these plants send out near the roots broad, thin, curved ice-crystals, about an inch in breadth, which wilt in the day and are renewed in the morning."

Now, you may ask, what possible connection can there be between the physicial appearances or peculiarities of a plant and the effect on the human organism of the same plant after it has been macerated with alcohol or boiled down into a decoction? That I cannot answer; all I can say is that in the provings of *Cistus* a sensation of coldness is one of the commonest symptoms met with. Here, for example, is a selection:—"Forehead cold, and sensation of coolness inside forehead, in a very warm room; cold feeling in nose; sensation of coldness of tongue, larynx, and trachea; saliva is cool; breath feels cold; empty and cool eructations; cool feeling in stomach before and after eating; cold feeling in whole abdomen." It may be said that sensations of coldness are common to scores of medicines, and that is true. But coldness of the tongue, of the saliva, and of the breath are not common symptoms; and I cannot help feeling that there is some occult connection between the electric properties of the plant which favor the production of ice about it, and the chilling effect of the drug on the body when taken. At any rate, I put down in my private materia medica "unusual sensations of coldness" as a keynote for the use of *Cistus*; and curiously enough, I did not have long to wait before an opportunity arose



for testing it. A patient came to me about that time complaining of coldness of the whole left side of the body, and she feared that paralysis was coming on. I prescribed *Cistus*, and there was soon an end to the one-sided coldness, and the fear of paralysis along with it.

The rule "Let likes be treated by likes," as we generally understand it, refers to the likeness between drug effects and disease effects on the symptom plane. But I do not see why we should not extend the meaning of the rule and include within the sphere of the correspondence plant or drug appearances and organ- or disease appearances. If we take this view of it, the doctrine of signatures may fairly be brought within the four walls of the homœopathic formula.—*John H. Clarke, M. D.*

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### LET HIM GET WELL.

Dr. W. W. Keene, of Philadelphia, in discussing appendicitis at the Denver meeting of the A. M. A., concluded his remarks as follows:

I protest against the use of opium, except in rare cases, as it has a tendency to mask the symptoms of the disease and leads the patient to the grave. I protest against the argument of Dr. Niles, that every case ought to be operated upon and the appendix is never to be left. Out of 300 post-mortems on as many bodies it was found that 100 of the individuals had had appendicitis at some time in their lives and had all recovered from the disease. They all died of some other disease. I challenge the assertion that through surgical operations all but two per cent. of cases can be saved. I challenge any operator in the room to take 100 well persons and operate upon them without killing more than two per cent. We all fail, gentlemen. I do not know why, but we all fail. I do not believe in operating on all cases of appendicitis. I'd rather have a live man with an appendix than a dead one without one. (Applause.) I do not believe with the witty Frenchman that no case is complete without a post-mortem. (Laughter.) If the patient is no worse after forty-eight hours of observation, let him alone; let him get well."

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*Blatta Orientalis*<sup>8</sup> in Asthma with Emphysema.—Mr. C. K., age thirty-nine. Employed at post office. Had suffered for five years. Has been treated for two years, to my knowledge, with-

out any benefit. Main remedies were *Phos.*<sup>3</sup>, *Ipec.*, *Rhus.*<sup>1</sup>. I then saw him, and after physical examination recorded the following: Clinical symptoms: Heaviness on the chest on lying, < stooping. Dyspnoea. Hard cough in morning on getting up. Cough after sleep, > by dry air and sunshine. Wheezing; heard even at a distance. Expectoration white, lumpy > by hot drinks. Remarks: I began with *Ipec.*<sup>6</sup>, which relieved for a month. Kept him on it (6th and 3d) for two months. Five months later gave him *Blatta* 6th, and he returned in about two weeks much better, and says the medicine is "grand." Gave him more at intervals for slight relapses. Met him last month and he is practically cured. Now nearly four years.—*Dr. John Arschagouni in North Am. Jour. of Hom.*

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## GELSEMIUM-HEADACHE.

By Dr. Berlin in Guben.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. fuer Hom.*, Aug., 1898.

Miss von P., about 36 years old, has been suffering ever since spring from a chronic headache, which last week came every day. It begins in the morning as a *pressure in the occiput and neck*, then gradually draws up *over the head until it reaches the forehead* and remains fixed *over the eyes*. Here the patient feels the pain pressing like a hundredweight. At the same time her head has a benumbed feeling and she is often incapacitated from thinking. The *head is hot*, the *face red*, and this the more according to the violence of the pain. The appetite is changeable; the patient also suffers from venous congestions of the abdomen and from hæmorrhoids, which, however, cause her no trouble. During the headache there are frequent *visual disturbances*, everything before her eyes *becoming black*, and for a time she sees nothing at all. Toward evening the pains gradually cease. Since last September she has suffered much from cold feet. In the course of the summer she had repeatedly taken allopathic medicines, including *Quinine*, *Phenacetin* and *Migrænin*. These remedies had occasionally brought some slight temporary relief, but the next day the pain returned all the same. The general health had always been disturbed for some days by these remedies; there appeared great weariness, buzzing

of the ears, lack of appetite, nausea, etc., so that not much good resulted from the use of these remedies, and the patient finally altogether dispensed with the taking of allopathic medicines. She had before this learned to know the efficacy of homœopathic remedies, and accordingly she then came to me for help. On the 4th of September, 1897, in accordance with her symptoms, I gave the patient *Gelsemium* D. 3, giving daily four doses of five drops each. To remove at the same time the coldness of the feet, I ordered her to take warm foot-baths, and foot steam-baths of fifteen to twenty minutes' duration, and cold foot-baths for one to two minutes. When her feet were cold, a hot application, when they were hot, a cold foot-bath, once a day.

On the 11th of November the lady consulted me again on account of some other ailment, stating that as soon as she had taken the *Gelsemium* her headache was ameliorated and on the third day had entirely disappeared and had not since returned.

*Gelsemium*, or the yellow jessamine, is a North American climber and occupies a prominent place among the more recent homœopathic remedies. The headache to which it corresponds is especially of the hyperæmic kind, *i. e.*, they are due to *superabundance of blood* in the brain; I shall not here decide whether this hyperæmia is of the active or passive kind. In headache we may compare this remedy with *Aconite*, *Belladonna*, *Cimicifuga*, *Glonoin.*, *Nux vom.*, *Sanguinaria*, *Iris versic.*, etc. All these remedies have the peculiarity, that they cause congestion of blood to the head.

The SEAT of the *Gelsemium*-headache is especially the neck and the occiput. Here the pains generally originate and then pass over the head into the forehead and settle over the eyes. Owing to the specific action of *Gelseminm* on the eyes, especially on the *nervous oculomotorius* (heaviness or paresis of the upper eyelids, dilatation of the pupil, diplopia), also the eyes may be affected. There are visual disturbances, objects appear to be swimming about, things turn black before the eyes and the pains are aggravated by moving the eyelids. In *Spigelia* we find a like direction of the pains, while in *Thuja* the pains draw from the face toward the occiput; both of these remedies, however, correspond more to rheumatic pains. The *kind* of pains must be described as benumbing and as heaviness, fullness, and as a dull, stupefying pressure. We must not in general lay too great weight on the variety of the pains in the

therapy of headache, though its indication may become very valuable when it is pronounced. In many cases there is no definite kind of a pain and it changes frequently; often it is quite difficult to describe the variety of the pain in a manner precise enough to be a guide in the selection of a remedy. Often it is said that the *Gelsemium*-headache increases and diminishes with the height of the sun, as in *Glonoinum*; an alleviation of it is said to be introduced frequently—as in other *Gelsemium*-ailments—by the copious passage of clear urine (*Aconite*, *Silicea*, *Veratrum alb.*, *Ignatia*). Also in nervous headache (megrim) with the symptoms given above (hyperæmia), *Gelsemium* has often been used with success.

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## THERAPEUTICAL NOTES.

By Leopold Grossberger-Bromberg, M. D.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. fuer Hom.*, Aug., 1898.

(1) In his "*Arzneischatz*" (12 ed., 1878, p. 161.) Dr. Hirschel states that Homœopathy gained very many friends through the success of suitable remedies in toothache. According to my opinion the success of Homœopathy in curing the so-called *Crusta lactea* (milk crust, or impetigo) in infants, an ailment appearing even while nursing, sometimes only a few weeks after birth continuing for an indefinite, often a very lengthy period, much more cogently serves to convince doubters or opponents of Homœopathy of its efficacy. For in many cases of toothache, where caries of the teeth is the cause, even the most suitable homœopathic remedies leave us in the lurch and only a scientific local, *i. e.*, a dentist's treatment, can cause the pains to disappear quickly and permanently. In the milk crusts of infants, however, according to my experience, striking effects will be seen in by far the greater number of cases, even within fourteen days, by the use of the following remedies: Give for a week twice a day (morning and evening) *Lycopodium* 3 D. trituration, about the size of a pea, and in the second week give *Graphites* 3 D. trituration in the same manner. The infant should be kept from scratching the itching skin of its face, else a relapse will take place.

I have also several times seen a striking improvement even after 6–8 days by using *Rhus tox.* 3 D. attenuation, once or twice

a day, 1 drop in a teaspoonful of water. I have not, however, for several years used the 3 D. attenuation with infants less than a year old, because in giving the remedy to an infant of 6 months, in such a case, even after the second dose of *Rhus tox.* 3 D. without any cause that could be assigned, and without any demonstrable disease of an internal organ, a fever of 104° set in; this so frightened the parents that they refused to continue the homœopathic treatment. I do not think it quite impossible that the *Rhus* 3 D. so affected the skin of the infant as to have as its consequence the abnormally heightened temperature. In Dewey's "Essentials of Homœopathic Materia Medica," p. 115, we read of *Rhus* that "*it affects violently the skin, the mucous membranes and the fibrous tissues.*" *Lycopodium* and *Graphites* also affect the healthy skin if they are used for some time in material doses, as has been shown by the provings of Hahnemann and his pupils; on these provings, indeed, the therapeutic effect of these two remedies in minute homœopathic doses in various chronic cutaneous ailments rest; but this is not the case in as high a degree in these remedies as in *Rhus*, also *Calcarea carbonica* 3-6 D. trituration, every other day a dose the size of a pea, is a remedy not to be undervalued in milk crust, as in all eruptions on the face and head of children (and of adults).

(2) In convulsions resembling those of epilepsy and recurring every day with a young married woman, who owing to an unhappy fate had for two years lived separately from her husband, but who had two children, I found *Zincum metall.* 6 D. trituration and *Magnesia phosphorica* (Schuessler) 6 D. trituration, given alternately every day twice a dose of each, of the size of a pea, to give splendid results. Two relapses, the one caused by mental emotion, the other by an error in diet, quickly passed by on repeating these remedies. *Zincum metall.* is the only homœopathic remedy of which Heinigke, in his "*Handbuch der homœopathischen Arzneiwirkungslehre*," states that "*it is par excellence a nerve-remedy, for it not only influences the functions of the brain-cells but also of the spinal marrow and of the ganglia (i. e., the nerve-centers of the vegetative nervous system).*" And of *Magnesia phosphorica* Schuessler states (24 German ed. of his Abridged Therapy, p. 15) that it is contained in the blood-corpuscles, in the muscles, in the *brain* and *spinal marrow*, in the *nerves*, the bones and the teeth. A frequent use of *Zincum metallicum* 6 D. trituration in various ailments of the nervous system has convinc-

ed me of the great truth respecting this remedy enunciated in Nos. 3-4 of this journal (1898), p. 32, namely, that "*Zincum* and its various preparations hardly ever remove nervous disturbances in a gradual manner, but either remove them quickly or not at all."

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## BOOK NOTICES.

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**Ophthalmic Diseases and Therapeutics.** By A. B. Norton, M. D. With Ninety Illustrations and eighteen Chromo-Lithographic Figures. Second Edition. Revised and Enlarged. 647 pages. 8vo. Cloth, \$5.00; by mail, \$5.35. Half Morocco, \$6.00; by mail, \$6.35. Philadelphia: Boericke & Tafel. 1898.

Ever since the *Ophthalmic Therapeutics*, by Allen and Norton, appeared in 1876 the name Norton has been almost synonymous with the word "ophthalmology" in homœopathic circles. The original work by Dr. G. S. Norton and Dr. Allen, of which this book may be said to be the lineal descendant, had 269 pages and in the next edition 342 pages. When Dr. A. B. Norton took up his brother's work he enlarged its scope to include ophthalmic diseases as well as the homœopathic therapeutics of those diseases, a change, the wisdom of which was fully shown by the remarkable popularity of the new work which was published in 1892. And now, after a lapse of six years, and with ripened experience, Dr. Norton has given us the second edition of his work, enlarged by a hundred pages and in every respect a thoroughly modern and a complete work on the diseases of the eye and their therapeutics. It has no rival among works by homœopathic writers and no superior in its field among those of the old school.

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**An Abridged Therapy. Manual for the Biochemical Treatment of Disease.** By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth edition, in part re-written. Translated by Prof. Louis H. Tafel. 178 pages. Cloth, \$1.00; by mail, \$1.07. Philadelphia: Boericke & Tafel. 1898.

Twenty-five editions in the German attests the wide spread interest in Dr. Schuessler's life, work and the publishers of this

authorized translation were fortunate in securing what will be, alas, the last one from the pen of the good old doctor, who, after revising the last proof sheets, was gathered unto his fathers. Needless to say that any one at all interested in biochemistry, or in the "biochemic remedies" cannot well afford to be without the book on which the whole science is built. This translation met with the hearty and cheerful approval of Dr. Schuessler who was glad to have what he wrote given to the English speaking world as he wrote it.

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**Essentials of Homœopathic Therapeutics.** Being a Quiz Compend of the Application of Homœopathic Remedies to Diseased States. A Companion to the *Essentials of Homœopathic Materia Medica* arranged and compiled especially for the use of Students of Medicine by W. A. Dewey, M. D. Second edition. Revised and Enlarged. 285 pages. Cloth, \$1.50; by mail, \$1.59. Flexible morocco, \$1.75; by mail, \$1.84. Philadelphia: Boericke & Tafel. 1898.

Probably no more popular quiz compend—though, by the way, it is the only one—on homœopathic therapeutics was ever published than this of Dewey's, and the host of '98 students will assuredly heartily welcome this new edition, the second, revised and enlarged, that is now at their service. It will also be found, as was the first edition, a great help to physicians in practice. The book takes up the various diseases by name, alphabetically beginning with "abscess" and ending with "yellow fever," and puts the student through a course of questions on the therapeutics of each that is very complete. It gives the points, like its companion volume, *The Essentials of Materia Medica*, that the student *must* know to pass his examinations, and gives them in a clear, yet terse manner. The second edition has been increased over the first by nineteen pages, and like its predecessor is blessed by an excellent index.

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**The Plague and its Prophylactic and Curative Treatment.** By Dr. D. N. Ray, M. D. Calcutta. 1898. Paper, 32 pages.

Happily, the subject of this pamphlet does not especially interest the people of Europe or America, but should any of them want to understand this fearful disease Dr. Ray's work will be



of great use. It is to Dr. Ray that the world is indebted for the great remedy for asthma, *Blatta orientalis*, which was brought out in the pages of the RECORDER in 1890.

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**Atlas and Epitome of Operative Surgery.** By Dr. Otto Zuckerkandl, Privat Docent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers DaCosta, M. D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia, with 24 Colored Plates and 217 Illustrations in the text. Price, \$3.00 net. Philadelphia: W. B. Saunders. 1898.

Another of the *Medicinische Handatlanten* series, though not so profusely illustrated with colored plates as the others. Surgery is receiving considerable attention by the Saunders's press as this and DaCosta's work show.

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**Atlas of Syphilis and the Venereal Diseases, including a Brief Treatise on the Pathology and Treatment.** By Prof. Dr. Franz Mracek, of Vienna. Authorized translation from the German. Edited by L. Bolton Bangs, M. D., with 71 colored plates. Price, \$3.50 net. Philadelphia: W. B. Saunders. 1898.

It is needless to say more of this book than it is another of the world famous Lehmann *Medicinische Handatlanten* series that Mr. Saunders is translating and printing by authority. The text is terse and to the point, but of course the chief value of the series lies in the illustrations, colored and true to life. Next to seeing the disease the best idea may be had of its appearance by means of these fine plates.

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**A Manual of Modern Surgery, General and Operative.** By John Chalmers DaCosta, M. D., Clinical Professor of Surgery, Jefferson Medical College. Philadelphia, etc. With 386 Illustrations. 911 pages. Cloth, \$4.00. Half morocco, \$5.00. Philadelphia: W. B. Saunders. 1898.

Although not so stated on the title page, this is a second edition of DaCosta's work. The purpose of the author "was to make a book that would stand between the text book and the compend," a purpose in which he has fully succeeded. The il-

illustrations are not very elaborate, but are practical, mostly line work showing surgical procedures.

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**A Text-Book Upon the Pathogenetic Bacteria for Students of Medicine and Physicians.** By Joseph McFarland, M. D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia, etc. With 134 Illustrations. Second Edition. Revised and Enlarged. 497 pages. Cloth, \$2.50 net. Philadelphia: W. B. Saunders. 1898.

We have always had the idea that Bacteriology made more noise in the medical world than its importance justified — a good deal more noise. Writes Dr. McFarland: "Although syphilis is almost as well known as it is wide-spread, we have not yet discovered for it a definite specific cause." Judging from other diseases of which it is claimed that a definite specific cause has been discovered, it will make no special difference in the death rate, whether such cause is ever discovered. Dr. McFarland's work ranks, however, among the very first on the subject of which it treats.

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**The Office Treatment of Hæmorrhoids, Fistula, Etc., without operation, together with Remarks on the Relation of Diseases of the Rectum to Other Diseases in both sexes, but especially in Women, and the Abuse of the Operation of Colostomy.** By Charles B. Kelsey, A. M., M. D. 68 pages 12 mo. Cloth, 57 cents. New York: E. R. Pelton. 1898.

Dr. Kelsey was Professor of Surgery at the New York Post-Graduate Medical School and Hospital of New York and may be presumed to know whereof he speaks, and he speaks strongly against turning every case of rectal disease over to the knife, and he is right.

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**A Royal Commission's Arithmetic. A Criticism of Vaccination Statistics and a Plea for Fresh Figures and Fair Inferences.** By Alexander Paul. 48 pages, paper. Sixpence. London: P. S. King & Son.

This is a calm and dispassionate analysis of the report of the Royal Commission on Vaccination that is worth reading by all who are interested in the subject. It is, needless to say, written by one who does not approve of that prophylactic measure. "It behooves the public to remember," writes the

author, " that the anti-vaccinationists are the most disinterested parties in this controversy. With the exception of those among them who are in the sad position of having lost their children, or had them seriously injured by vaccination, they have had nothing to gain in this discussion but obloquy." Since the pamphlet was written England has practically abandoned compulsory vaccination, following in the footsteps of Switzerland. So it looks as though the vexed question was more open than ever before.

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THE *Ga. Ec. Med. Journal* in a page and a half notice of Burnett's *Diseases of the Skin* says: " *Thorough familiarity with the subject is evinced* and the author is certainly entitled to be heard."

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MESSRS. BOERICKE & TAFEL have assumed charge of the sale of Dr. E. H. Linnell's excellent work entitled *The Eye as an Aid in General Diagnosis*. It is a work of 250 octavo pages that no one interested in diagnosis can afford to ignore. The price is \$2.00; by mail, \$2.16. A careful review will appear next month.

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**A Text-Book of Gynecology.** By James C. Wood, A. M., M. D.

It is but a simple matter of justice for us to say that Prof. James C. Wood has produced the best text-book on gynecology that has ever been offered to the medical profession. The old school has nothing to compare with it in its adaptation to the uses of the teacher and the student. The second edition which is now before us has been considerably enlarged and in some respects improved, making it a most complete and comprehensive volume. Wood's *Gynecology* has always had first place in the Denver College and has proven entirely satisfactory to teachers and students. It is eminently practical in arrangement and scope; the entire field of gynecology is wisely and succinctly presented in a most attractive manner, and the reader is impressed with the fact that the author is thoroughly informed on all that pertains to gynecological methods.

We desire to make our acknowledgments also to Messrs. Boericke and Tafel for their enterprise and success in the production, not alone of this grand volume, but of many other important homœopathic works, under conditions of a comparatively

limited demand and at some considerable risk. The homœopathic profession is under great obligations to these publishers, and we hope Wood's *Gynecology* will command the large sale which it deserves. There is no other work that can fill its place, and no homœopathic practitioner can afford to be without it.—*The Critique.*

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**Diseases of the Skin; Their Constitutional Nature and Cure.** By J. Compton Burnett, M. D., etc. Third Edition.

Dr. Burnett makes out a strong case in favor of the internal origin, and therefore of the internal treatment of skin diseases. In this he agrees not only with Hahnemann but with the French school of dermatology, and opposes the views of Unna and the modern German school. This book is no exception to the other products of Burnett's pen—it is well written and very readable. Why does not Dr. Burnett, in lieu of disjointed monographs, give us a systematic work on practice? We know it would be interesting, and we believe it would be useful. This is a suggestion not only to Dr. Burnett but also to Messrs. Boericke & Tafel.—*Clinical Reporter.*

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**The Prescriber: A Dictionary of the New Therapeutics.** By John H. Clarke, M. D.

This new book, the first we have received in the new year, is not a stranger to many American physicians. It no doubt found a large sale in the earlier editions, for it is one of those little works which are good and full of meat from the beginning to the end. In our opinion this is one of the best books to place in the hands of an allopathic physician who has a desire to look into Homœopathy. Full directions as to the dose and the potency is given, and to one who has been brought up to such accuracy in prescribing to find this in a book of our school it assists in getting them away from the old method. Dr. Clarke has a happy way of presenting the peculiar symptoms, or characteristic ones, whichever you are pleased to term them, in clear language. The chapter on coughs is worth the price of the book, for the indications of the remedies are so clear that it should be no trouble to select the indicated drug for any cough which one will meet in ordinary practice. Then this is the time of the year for coughs, anyway. A timely edition of a good book. The publishers have done, as they always do, made their part, the mechanical, as perfect as printer and binder can do these things.—*The Medical Visitor.*

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PUBLISHED MONTHLY AT LANCASTER, PA.,

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DR. CLAPP, publisher and proprietor of the remarkable pharmacopœia that by some hook or crook received the endorsement of the American Institute of Homœopathy (certainly the members being homœopathic physicians, holding diplomas of homœopathic colleges, took the work on faith alone, for had it been understood few, if any, homœopaths could have accepted it), says in his journal, anent Messrs. Boericke & Tafel's offer of the *American Homœopathic Pharmacopœia* to the Institute, as one who speaks as a master, "The Institute is not in the old junk business."

Define your terms.

The *American Homœopathic Pharmacopœia* is a faithful compilation of the pharmacy of Hahnemann and of those who, later, introduced new remedies; it gives preparations of the remedies precisely as they were used or directed to be made by the provers. If it is "old junk" so is all that is brightest, best and most honored in homœopathic history.

Is the *Organon* "old junk?"

If it is, then is the *American Homœopathic Pharmacopœia* also truly old junk, for that book is based squarely on the *Organon*, heretofore supposed to be the corner-stone of Homœopathy.

It is not precisely a question to be settled by vote, for majorities have no influence on true science (though they are the life of false sciences), but it is a question of truth. Is the *Organon*, or is the new pharmacopœia "old junk?" The fight is between those two masterpieces.

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OUR respectable and respected contemporary, *The Buffalo Medical and Surgical Journal*, for August, gets off the following:

The HOMŒOPATHIC RECORDER for June contains an article denunciatory of vaccination, entitled Vaccination, a fallacy—its compulsion, a crime! In the same issue the publishers print this card: "Vaccine points, always fresh at — — —." Truly, belief and business do not run on the same narrow gauge track in Homœopathy.

We are rather proud of the fact that the *B. M. and S. J.* reads the RECORDER even down to its advertisements; but are not much surprised thereat, for many others do the same. As to the quoted squib we would suggest that it is the duty of the publishers of this journal, being both publishers and pharmacists, to supply physicians with the goods they want—and of the best quality—and their personal opinion on the use to be made of these goods is of no consequence, and its intrusion would be an impertinence. The RECORDER, however, is another matter; its pages are open to all who have anything of interest to communicate. Dr. Cross had something interesting to say on the subject of vaccination, and said it. If the editor of our Buffalo contemporary does not like it let him write a refutation. We will print it.

Apropos of the above we find in the "Literary Notes" of our beautifully printed Buffalo friend one (a half page note) on a "beautiful brochure" "which is being issued to physicians by The — — — Chemical Co., of — — — — —," and the readers are urged to send for a copy of the advertisement (its that even if it is a brochure) before "limited edition" is gone.

Go to! Go to! thou Buffalo man.

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WHEN you are short of a subject on which to jump think of your water supply, and you have a stock, and a fashionable one, always ready. One of our esteemed contemporaries has been doing it. Hear him:

Yet the stone filter in the editor's dwelling, replenished daily with the "pure" and sparkling Croton, is also daily served with a teaspoonful of saturated alum solution which daily coagulates and reveals organic precipitate in floating clouds all through the water, in scum on the surface, and in yellowish paste on the sides of the filtering chamber. True, this is an extreme situation, due to recent heavy rains following drought. But there is never a time in the year when the priceless service of the coagulant is not demonstrated by more or less of such disclosures. Of course, the coagulant (properly graduated) is wholly absorbed in the precipitate, and none of it passes out in the filtered water.

We sometimes idly speculate on what would be the result if

the mighty editors, lay and medic, were given the yearly appropriation and allowed to run things! As for the above mentioned E. C. we should like to bet him a bottle of Tonicum against one of Bovinine that the man who draws his Croton from the hydrant spigot has a better water than the one who quaffs the alum saturated water from the filter. All that glitters is not gold, neither is all the stuff you find in water disease breeding.

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At a meeting of the Homœopathic Medical Society of Germantown, held Monday evening, May 16, 1898, the following resolution was approved:

*Resolved*, That a committee of five be appointed to ascertain if it be possible to obtain recognition of homœopathic physicians by the poor board of the township of Germantown.

JAS. H. CLOSSON, M. D.,  
 JOB. R. MANSFIELD, M. D.,  
 RUSSELL T. HART, M. D.,  
 J. CHAPIN JENKINS, M. D.,  
 JAMES TYSON, M. D.

The president appointed the signers of the resolution as members of this committee.

(Signed.)

JAS. HARWOOD CLOSSON,  
 Corresponding Secretary.

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OUR esteemed friend Dr. Puck speaks his mind in this number of the *RECORDER*, and his is, it seems, decidedly radical on some points. If he can even in a little reform mankind we bid him God-speed. We have an old-fashioned idea that the best use to make of certain men is to hang them, but do not insist upon it; in fact, we have long since given up any idea of reforming the world and are content to let wag as it will. But that is no reason why others should not make the attempt, and so Dr. Puck is welcome to the hospitable and free pages of the *RECORDER*.

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“WHEN Von Helmholtz was in this country a few years ago,” says a writer in the *Atlantic Monthly* for August, “he said that modern science was born when man ceased to summon nature to



the support of theories already formed, and instead began to question nature for her facts in order that they might thus discover the laws which these facts reveal. I do not know as it would be easy to sum up the scientific method, as the phrase runs in simpler words." That is what Hahnemann did and modern science was born with his work, which questioned the highest forms of nature, the human, for facts and thence learned the great therapeutic law.

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HEALTH, of London, quotes "a pugilist," anent the treatment of "black eyes," as follows—but whether there is anything in it is another question: "'Massage treatment of the region affected,' he said, 'will beat paint and raw beefsteak all hollow. But it should be applied immediately after the injury is received in order to prove thoroughly efficacious. It does not require an expert to do it. All that is necessary is to move the fingers rapidly and firmly over the bruised surface, and to keep it up until the last vestige of discoloration has disappeared. The explanation is easy. Where the blow has been received the blood becomes congested. It is the clots of blood showing through the transparent skin that produces the black effect. The pressure of the fingers gradually loosens the clotted blood, which passes off into the general current of circulation, and fresh and properly colored blood takes its place.' "

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At a regular monthly meeting of the Homœopathic Medical Society of Germantown the following resolution, offered by Dr. J. W. Heysinger, was adopted:

*Resolved*, That the Hahnemann Medical College and Hospital of Philadelphia, who have title *in and to* the last resting place of the immortal Hahnemann, be requested to communicate with the proper authorities in France, with Dr. Süß Hahnemann, of London, the grandson, with the Committee on Hahnemann Monument at Washington, and learn if it will not be possible to have the remains of Hahnemann transported to America and placed beneath the National Hahnemann Monument now being erected in the Capital City of the United States.

(Signed)

JAS. HARWOOD CLOSSON,

Corresponding Secretary.

THERE is another insuperable difficulty which bacteriology has met in the battle with tuberculosis. It is assumed that tuberculosis is a germ disease. If it were a germ disease, rationally considered, it could be met with germicides or the alkaloids of germs. It not being a germ disease, rationally considered, germicides, or alkaloids of germs would be of no value. Whether the disease be due to a germ or not, I leave to an intelligent profession; this much is certain, bacteriology has thus far found no cure for the disease."—*H. H. Spiers, M. D., in Medical Record, August 20th.*

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IN the leading editorial of the March number of Sajous' *Monthly Cyclopædia of Practical Medicine* it is said, in reference to the tincture of *Digitalis*—and the same is true to a greater or less extent of other tinctures—that "every practitioner should realize that the average tincture as had in the shops is usually inert, being, on the score of cheapness, derived from dried and pressed leaves of uncertain age." also "tinctures made with the aid of fluid extracts do not, by any means, represent the properties of the drug in the same degree as those had by means of maceration and percolation of the freshly gathered leaves."

But there will always be those who take the inert tincture because it is cheaper. The fact that it is worthless cuts no ice, for the price alone is considered.

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"B," which stands for Bloyer of the *Eclectic Medical Gleaner*, has had his confidence in *Staphisagria* renewed. Several cases of prostatorrhœa and spermatorrhœa recently came his way and were met with one drachm of *Staphisagria* in four ounces of water, one teaspoonful every four hours. "We prescribe no other remedy with greater confidence, and we add no other to it. It relieves the blues, and gloomy forebodings. It quiets disturbances and uneasy feelings about the bladder, urethra, testes, vesicular seminales. It is often *the* remedy for gonorrhœa, especially in the later, or gleet, stages. Use *Staphisagria* in ordinary doses, internally, when your injections do not seem to act as you expect them. The nervous effects of gonorrhœa frequently counteract all the effects of medicine. This remedy quiets the nerves, and, besides, it acts upon the kidneys, so that a freer flow of water

follows, and the local applications, in the form of injections, have a better opportunity to relieve or cure urethral irritation."

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APPROPOS of the "what-will-the-medical-world-think" attitude of some of our English friends in regard to Dr. John H. Clarke's paper on "signatures," the following from Von Grauvogl (page 169-70), one of the most truly *scientific* homœopathic physicians of modern times, may not be without interest:

"Proud of its physiological acquisitions in modern times, the physiological school labors to repudiate *everything old, apriori*, as if our predecessors had been incapable of making observations and practical experiences. It rejects them, however, as it does everything not brought forth by itself."

"Nothing in the history of medicine does it condemn and despise more than the signatures of old physicians, who are said to have drawn conclusions from the external characteristics of a substance as regards its effects in disease. Thus, according to the ancients, *Digitalis* must be of use in blood-diseases, because its flowers are adorned with blood-colored dots; *Euphrasia* was famous as a remedy for the eyes, because it had a black spot in the corolla which looked like the pupil. The lungs of a fox must be specific against asthma, because this animal has a very vigorous respiration, and, forsooth, what is called nettle tea must afford relief in nettle-rash, etc. The physiological school of the present day, on the contrary, knows no other point of support than the biological and ætiological conditions, or the pathological products, in order to find a substance which may serve as a remedy. But are its conclusions a whit better than the conclusions of the ancients from their signatures? Because fever has the signature of heat, remedies must be used which abstract heat; this is a conclusion the same in form and value as that, because nettle-rash burns, stinging nettle-tea must be drunk. I am free to confess that I have more respect for the physicians of earlier times, and presume that they made those so-called conclusions from signatures *a posteriori*, though incorrectly. It is very probable that they first observed the success of these remedies, and then sought, from some of their external peculiarities, a suitable characteristic according to the notions of those times; that thus the result was the main thing and the explanation entirely a secondary matter; that consequently, in

the making of new experiments with such substances, a guiding principle, not at all useless, is presented; *for, to subordinate accidentally observed facts to the necessary laws of nature ever remains a maxim of science.* Thus the only question is, to institute new experiments and observations to be able to meet the demands of this maxim rather than to reject them with self-complacent conceit of wisdom."

To the foregoing we might say that the signature of true "science" (to *know*) is that it is contemptuous of nothing save the "self-complacent conceit of wisdom."

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"WE gain possession of the powers of indigenous plants and of such as may be had in a fresh state in the most complete and certain manner by mixing their *freshly expressed juice immediately* with equal parts of spirits of wine of a strength sufficient to burn in a lamp. After this has stood a day and a night in a closed stoppered bottle and deposited the fibrinous and albuminous substances the clear super-incumbent fluid is then to be decanted off for medicinal use."—*Hahnemann*.

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THE new Boston "homœopathic" pharmacopœia grows more remarkable the longer it is studied. The glory and the strength of pure homœopathic pharmacy as received from Hahnemann was that it would take an inert substance and by trituration and potentiation develop in it a high *power* for the cure of disease. The truth of this has been demonstrated at ten thousand sick-beds. The new work with the word "homœopathic" on its title page pitches all this overboard and engages in the ridiculous task of measuring the power of homœopathic POTENCIES by the number of molecules one can count through a glass! You cannot measure the power of a homœopathic potency by molecules or millimetres and those who try to do so will make themselves ridiculous. Apropos of this a writer in the September number of the *Georgia Eclectic Medical Journal*, praising the Schüssler remedies, but denying the Schüssler theory, says: "The writer thinks that the designated 'tissue salts' *act by virtue of their dynamism* and not upon the conjecture of supplying deficiencies."

# PERSONAL.

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When we see the "wicked" flourishing and the "good" languishing we should not be too cock sure that our diagnosis of character is accurate.

At its present gait "serum" will soon distance the loudest patent medicine in the number of things it will "cure."

"I think homœopathic physicians are like poets; they are born, not made."—*C. Carleton Smith, M. D.*

The day of compulsory vaccination is over in England, and the citizen can now do as he pleases in the matter.

Behring's "Antitoxine" is patented; so is phenacetine, sulphonal, anti-pyrine, salol and a dozen others of like ilk.

It is said that the difference between an optimist and a pessimist is that the one believes in mascots and the other in hoodoos.

Dr. Wm. Spencer has removed from 1617 to 1820 Chestnut street, Philadelphia. Eye, ear, nose and throat.

A New York cooking school girl kneads bread with her gloves on, and an impecunious editor says that if his subscribers do not soon pay up he will need bread without anything on.

*Homœopathist*.—One of the best openings in Vermont or New England States for a Homœopathic physician can be found by addressing M. J. Hayes, Chelsea, Mass., 26 Sagamore Ave.

Twenty to thirty drops of the tincture of cantharides in a pint of water, apply externally, will surely cure rhus poisoning, according to Dr. S. E. Reed, of Middletown, Ohio.

Koch says: No mosquitoes, no malaria. But what about Alaska and the far north? More skeets there than anywhere else, but no malaria, save an occasional case of the sort that prevails in Washington, D. C.

Herr Koch should remember the pitcher that went to the well too often.

Dr. A. F. Smiley has removed from 1106 Arch street to 117 North 11th street, Philadelphia.

Authorized translation of the 25th and also last edition of Schnessler's "Abridged Therapie" is out.

Second edition of Norton's *Ophthalmic Diseases and Therapeutics* is out.

Second edition of *Dewey's Essentials of Homœopathic Therapeutics* is out.

Burnett's *Change of Life in Women*, a new work by that author, is out.

Lutze's *Therapeutics of Facial and Sciatic Neuralgia* is out.

Mitchell's *Renal Therapeutics* out about the 15th.

H. C. Allen's *characteristics of some of the Leading Remedies* out by October 1st.

Bradford's *History of Hahnemann College* out in October.

Nash's *Leaders in Homœopathic Therapeutics* out in October.

Arndt's splendid one volume on *Practice* rapidly running through the press.

Pretty good list? Is Homœopathy dying out? Not around Boericke & Tafel's establishments!

# THE HOMŒOPATHIC RECORDER.

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VOL. XIII.

LANCASTER, PA., OCTOBER, 1898.

No. 10

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## SOME CARDIAC HINTS.\*

### Possible Effects of Tobacco and Cratægus.

T. C. Duncan, M. D., Professor of Diseases of Chest, National Medical College Chicago.

I feel highly honored in being an honorary member of your great State Society, and feel it my duty to contribute to its interests as I may.

Casting about for some topic of special interest, I am naturally led to a cardiac one—something of general interest in these war times, when weak hearts stand in the way of patriotism.

Narrow chests are due, I find, not so much to tobacco and cycling as to lazy expansion. Do we, as family physicians, emphasize the necessity for lung expansion three times a day? The blood needs forcible aeration as much as the body needs food. Air and water are forms of food and few people get the physiological amount, hence the mass of narrow chests and rapid hearts. Tobacco injures along this line; smoking tends to empty the lungs and stagnate respiration; the blood is also lessened in volume, but is increased in circulation by the nervous tobacco heart. The war has emphasized this physical weakness. Rapid heart (tachycardia) tends to develop hypertrophy, dilatation, valvular insufficiency and cerebral weakness. Obstetricians and pædologists are interested for fecundity and development are hindered thereby. "Tobacco smoke and whiskey make small dogs," it is said. Whether this is a fact and is counteracted by other factors some of you may be curious and

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\* Read before the Kentucky Hom. Medical Society, May, 1898.

able to investigate. This is of interest to the young soldier and young citizen as well as mothers.

“She who rocks the cradle rules the world.”

You are all regular physicians, I have no doubt—educated and qualified. I, therefore, take pleasure in calling attention to the newest heart remedy. It was born with a breech presentation, as old Dr. Hering styled it—referring to those remedies that came to us through clinical fields.

You all know the history of this remedy. The old Irish Dr. Green acquired fortune and fame in the north of Ireland by a prescription that seemed to have a wonderful effect upon all the heart cases that came to him. He refused to reveal his secret, so the story goes, and he was tabooed as an irregular. After his death the heirs told the profession that it was *Cratægus oxyacanthus* (the common English haw). A Chicago regular physician, Dr. Jennings, exploited the remedy with several cases. It would never do to admit that it could supplant “the old and reliable heart remedy, *Digitalis*.” So we find them in double harness. At my earliest opportunity I obtained some reliable tincture and made a proving upon myself, and the students of the National (students, like physicians, are not the most daring always or we would have more provings,) but specialists should know all the new drugs bearing upon their specialty so we can put them at work in single harness. Every new addition to our armamentarium should be tried, tested and proved. We know that *Cratægus* cannot cure all heart cases but should have its own field). In our experiments we found that, like *Digitalis*, it quickens the heart action at first. Not so much as *Belladonna*, nor that explosive, *Glonoine*, that works this force pump until the cerebral vessels almost burst. *Cratægus* causes a rapid heart with all that implies; then comes the slacking up, but the relaxation is not as severe as that of *Digitalis*. It exceeds, however, the good effect of “smelling salts,” that keeps so many hearts going in moist, gouty Great Britain. In one lady prover the menses appeared three days too soon and was too profuse. She had despondency as a result.

One student whose heart bothered him was afraid to test *Cratægus*. The Professor of Physical Diagnosis had made out mitral stenosis, with its perisystolic thrill! He came to me badly frightened especially fearing that he would fail in his final examinations. Tachycardia was marked. *Cratægus* 1x, one disk every two



hours, soothed that excited, frightened heart so that he soon forgot all about it and passed the examinations triumphantly. I have tried to outline its guiding symptoms in my little hand-book on diseases of the heart, p. 60. This is illustrated also by an interesting case on p. 107.

It is said that impulsive, palpitating *Belladonna* is the national remedy for the typical Irishman, but perhaps *Cratægus* may dispute that place. Let us study and see. If I interpret it aright, the cases that will be benefited by *Cratægus* have this history: Overwork, excitement, rheumatism complicated with mitral insufficiency. Such a heart will be subject to erratic action: Now slow, with weak sinking feeling at the præcordium, and again with rapid painful action (cardialgia)—centering the attention upon this vital organ. These symptoms convince them that they have heart disease. Now fear of sudden death robs life of its pleasures and sends them to us, who are supposed to know all about hearts. They may suffer on, however, until cardiac weakness is emphasized by dropsy beginning at the feet.

Such cases, aggravated by *Digitatis* given strong, may be helped by the newest heart remedy, *Cratægus*. In your generous Blue Grass State you must meet many bad heart cases, and I should be pleased to know what *Cratægus* will do.

The characteristic heart symptoms that I deemed reliable and given in my hand-book on Diseases of the Heart are:

“Shocks of pain in cardiac region. Angina pectoris. Pains go into right arm” (*vide* p. 60). This last symptom is characteristic. It is, however, evidently myalgic, and not transmitted along the artery as when the pain goes down the left arm. (See *Aconite*, *Kalmia*, *Rhus*.) The myalgic feature is further emphasized by the symptoms: “Awakens with lameness near the heart, worse during expiration and on motion.\* Rheumatism of the lower intercostal from exposure to cold and dampness.” “Pleurodynia. (*Kali carb.* has similar pain stitches on the right side simulating pleurisy. *Kali carb.* “gets out of breath on ascending stairs.” Fatty weak heart.)

According to the study of Prof. Woodward, *Phytolacca* affects

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\* Prof. H. Barton Fellows, who obtained that symptom in August, 1864, saw that it reappeared occasionally for months. He said that “the pain began on the left side of the back below the shoulder blade.” It was evidently due to spinal hyperæmia. (See Hale’s New Remedies, 2nd ed.)

first the digestive organs, next the spine, circulation, genito-urinary organs and then the skin and sensorium. The action on the glands distinguishes this remedy, however.

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## MY TRIALS WITH VETERINARY HOMŒOPATHY.

By Wilbur J. Murphy, Veterinary Surgeon, 230 West 58th Street, New York.

Often I have been asked the question how I became a homœopathist. I became a homœopathist by accident. I graduated from one of the older schools of veterinary medicine. So far as I am aware, the homœopathic creed cannot yet boast of a single school of veterinary science. During my college days I never heard Homœopathy referred to, except in ridicule or contempt. Many times I joked at its expense myself. Frequently I condemned its use, although entirely unfamiliar with its attainments, laws and teachings.

In the course of time I became a veterinarian, but in name only. I had a diploma but no experience. I was authorized by law to treat the horse when in disease. I did not yet understand the horse in health. Some time after graduation I became associated in practice with a gentleman who was a homœopathist. I had plenty of time to attend my own embryonic practice and be of service to him besides. Had it not been my good fortune to have met this gentleman I probably never would have had the opportunity to observe the advantages the art possessed in the practice of veterinary medicine.

A few words about this venerable man. He was a true homœopathist—the only one I knew. He enjoyed a well-established practice. He also had embraced its teachings after graduating from an older school of medicine. He had traversed the same road that I was traveling. He had undergone the same struggles before he could be convinced that Homœopathy was superior to the practice he abandoned, and in many ways his experience had been the same as mine would be in time. While in his employ I became familiar with homœopathic medicines as they are used for the various animal ills.

This man was about as difficult a problem as I ever tried to solve. He was surely an unknown quantity. I could not criticise his ability—he had more than I expect ever to possess. I

could not say that he lacked medical training, because he was a graduate of my alma mater, though many years ago. I could not dismiss him as an idle dreamer, because he had been engaged in practice a score of years and was a man of wide and varied experience. He was a devout follower of the law of Homœopathy, but a silent enthusiast. Never would he laud its virtues. Seldom he conversed upon the subject, except when asked a question. In manner conservative, he was at all times capable of silencing any argument which I advanced without the least apparent effort. A more intimate association revealed his several traits. I found him a vast reservoir of knowledge as time progressed.

Every young practitioner meets cases in practice whose disposition is perplexing. I met them, and as they presented themselves we discussed them together, and in every instance when I followed his advice my efforts were invariably crowned with success; but still I could not satisfy myself that his mode of treatment was the most successful. Often I encouraged argument upon the merits of Homœopathy, more to be amused by his peculiarly guarded statements than for any benefit I hoped to derive from the discussion.

Although I had known my associate for some time, and attended to his practice in his absence, and used homœopathic medicines at his request from a chest which he kept for the purpose and for the exclusive use of an assistant, whoever it might be, never did he advise me to adopt their use in the practice which I was struggling to establish. He never referred to the subject except at my invitation. I led a Dr. Jekyll and Mr. Hyde life. In the morning an allopath, but growing less rabid and heroic—in the afternoon—in his employ—a homœopathist by compulsion.

### Allopathy vs. Homœopathy in Pneumonia.

One day I lost a valuable horse with pneumonia. I did everything I could to save its life, but death triumphed over my efforts. It was the third I lost within a month from this disease. I told my associate of my unsuccessful efforts, and he conservatively remarked why not try *Aconite* and *Bryonia* if Quinine and Alcohol are not effective? After many thoughts upon the subject, I advised myself that I would give the treatment a trial. The next case of pneumonia was to be an experiment. I rather

feared to take the leap. Suppose that some of my classmates should find out that I used homœopathic medicines. What humiliation it would cause. Imagine my chagrin should some of my colleagues take the case off my hands in the event of its not yielding rapidly to the treatment.

A few days brought the opportunity which I desired, yet almost feared to take advantage of. This one trial was to decide the virtue of a practice of medicine to which others had devoted a life of study. This single instance would be sufficient for me to judge the merits of an art with which others toiled for years.

A horse with catarrhal pneumonia was the first subject of my venture. *Aconite* and *Bryonia* took the place of Alcohol and Quinine for the first time in my own practice. I had used them before, but not in an instance when I was responsible for the result of their accomplishments. As I put the medicines in their respective glasses I argued, to myself, that water of itself would do just as well. I cannot recollect another picture so grotesque. I thought if the sick animal should survive nature alone had withstood the onslaught of disease. Recovery had taken place in spite of the treatment given to relieve. I thought myself in league with death, so little faith had I.

Three or four days with Homœopathy did not bring convalescence. No other treatment cured within a week, but I expected unusual results from this concession. From day to day, to me, the horse grew worse. I began to regret my rash adventure. How foolish I had been to use such simple drugs. What was Homœopathy? A will-o'-the-wisp. Now I could see why it was condemned by those who spoke against its use. It required but a few days of such misgivings to make me abandon my new adventure. The experience of my many colleagues and the universal condemnation of the practice should have been sufficient evidence of its incapability. How I regretted my departure from the original faith. The years of successful practice which my homœopathic associate enjoyed was not considered for a moment. I did not make a confidant of him as I should have done. I did not seek his presence and tell him that Homœopathy had failed in the initial effort, but quickly abandoned its use and returned to *Medicus Allopathicus*—my first love—the theory of the majority. I congratulated myself that none of my associates—my colleagues in heroicy—yet knew of my indiscretion. With the change of treatment the patient grew rapidly worse

from day to day—so much so that I myself despaired of its recovery. I was sorry that I had been engaged at all. I concluded that my future demanded that I immediately divorce myself from my homœopathic associate and his satanic art.

The sick animal was yet within my charge, but I dreaded the time approach for my daily visit. I hoped the owner would suggest some course which would relieve me of so grave a responsibility to the art which I assumed. Anything would be preferable to suspense. At last, in desperation, I informed the owner of the animal the probable outcome of the case. He did not seem surprised, neither did he urge me to continue with the charge. He did not appear anxious about the result, or ask of me what had been done in behalf of the patient. My position was most embarrassing. I felt that my services were unsatisfactory, and only the conservative manner of my client prevented such an expression of his views. However, I advised a consultation—my only hope; but as I expected—had hoped against yet wished the charge was taken from my care. In a manner diplomatic, he told me that he had a friend whom with my permission, he would consult in reference to the animal's state. My pride was hurt, but I was satisfied that death would not grace my efforts in this particular instance. I had lost a client, but not a client and a patient. I almost felt sorry for my successor. Who he was concerned me little then—a hopeless case. I was thankful that the responsibility for the animal's death would not be laid at my door directly.

Time brought curiosity. My daily routine of work took me past the equine residence daily. Almost involuntarily I would look for the prostrate form of what had been my equine charge lying lifeless in the street. He must have died. Death surely claimed this animal for a victim with the aid that I had been. Who could have been engaged after my departure? A thousand similar questions rushed in quick succession through my brain.

One day I accidentally met the owner of the horse—the subject of my homœopathic trial. I feared almost to greet the man, but his jovial disposition dispelled all dread. His attire did not betray financial loss—the money value of the horse. His conversation in no way touched upon my rash endeavor. Curiosity made me ask the outcome of the case so interesting to me. The animal had not died—death had not followed my prediction—no miracle had been wrought—no divine aid had been invoked—Homœopathy only had been employed.

What a shock ! After my departure my venerable associate had been called, and he escorted back to health the charge that I abandoned. To him it was but an ordinary ill—such as he had met a thousand times before and with the usual treatment—the same that I employed with insufficient time—pursued the usual course to health.

I felt abashed—joyous, yet sorry—thankful, yet chagrined. Ofttimes since then have I thought how fortune smiled upon me then. What I thought misfortune was but a blessing in disguise. Had anyone but my associate been employed, and death or convalescence—it matters little which—been the outcome of my efforts, Homœopathy would have probably been blotted forever from my memory. I might in time have wandered back into its realm, but, if I had, it would have been with the knowledge that I wandered there and stumbled once before, and then the venture would be handicapped—my convictions prejudiced—my attainments doubtful, and the entire proceedings clothed in misgivings and unbelief; but fortunately I was not wrecked upon this rock of unbelief, and from that time, in quick succession, came more convincing proofs of the art's superiority in veterinary practice.

### A Colic Case.

One afternoon, while lounging in the office of my homœopathic preceptor, there came a message for his hurried presence to the property of a client. In his absence I acted in his stead. It was to a large storage warehouse in a crowded part of the city. The day was close and sultry. On the way I feared I might encounter some grave disorder where my presence might be less satisfactory than would be whom I went to represent. My apprehensions were not realized—they were exceeded. Never have I, before or since, encountered an animal so violent in pain. The stable, a dark and dingy place, offered but little aid to properly confine an animal with such a grave disorder. I took advantage of the only box stall in the place, and then prepared my homœopathic remedies demanded by the condition of the horse.

I was but an assistant now—an agent for another—Homœopathy was obligatory—shorn of all discretionary power. I knew that the venerable old gentleman would tolerate no variations from the treatment he advised. More than once he had

very forcibly insisted upon his directions being carried out while in his employ, so with orders so explicit the course was very plain.

I never saw a case so bad. The violent paroxysms of acute pain followed one another in quick succession. The poor, afflicted beast threw himself against the stall and floor, as if he cared not for the dangers which he risked; his frame was in a dripping perspiration. He looked piteously at his flanks in the brief cessation of his agonies, as if to tell the gaping crowd the region of the violent pain. Never was a picture more pathetic. His mute appeal for human aid would affect all but the heartless wretch, and I stood idly by and saw a willing hard-worked brute suffering agonies and pain untold and offered to relieve the ill horse with a sea of water and a trace of *Nux* at intervals of half an hour. What a farce such treatment seemed. I knew an excellent anodyne. *Chloral* might assuage the pain. Rather irritant to be sure—often I had seen it fail—hard to give, but an emergency such as this required some heroic effort. Yet my hands were tied. On two occasions I had turned from Homœopathy in spasmodic colic because the suffering seemed too severe for such mild efforts to overcome, and though they both had died I felt as though they did not suffer as if abandoned to their fate.

Gathered round the equine bed were roustabouts from the neighboring wharves, curious passers-by and those that worked about the place—a motley crowd, and I a stranger to them all. To the horse so sick I had not given a single remedy that they had suggested. I could not if I would. I knew that whisky would not aid—I did not give a drench—did not push a “ball” into his throat—did not relieve the bladder of its contents—’twas plain to see that I did not enjoy the confidence of those present who only hoped to aid.

My course of treatment was not according to my views, as I have said before. I could have given a dose of *Chloral* or some other antispasmodic, but I was carrying out the orders of another and my duties were but to fulfill the offices of an assistant. With pronounced regularity I gave the medicine to the horse. The animal was up and down. Time lingered on my hands. Several times I thought my watch had ceased to run, so slowly did the hours pass.

Close to midnight the horse seemed to be more quiet. He



perspired, but not so free as before. He rolled back and forward in his stall, but did not throw himself so violently about. The paroxysms of pain seemed interrupted by a state of ease. Finally he picked a little hay—lay down—was quiet—got up—no sign of pain—did not look anxiously at the flank—did not paw—was cool, and seemed inclined to partake of a little food that had been offered. The drooping eyelids regained their normal place, and soon it plainly could be seen that recovery was surely on its way.

I was amazed, yet uncertain—surprised, yet not convinced. Calm deliberations, however, laid prejudice aside. I had to admit its ability. The time-worn argument that the animal recovered in spite of the treatment that had been employed had to be abandoned. What a conquest! How pronounced—it seemed incredible—a revelation in the face of opposition and unbelief. Used only by compulsion, its attainments surpassed the fondest expectations. This was the second trial, and still I could not accept the art as a mode of veterinary practice.

Soon afterwards I entered the employ of a surface railroad and for a period of about two years I prescribed for several hundred horses daily. Here Homœopathy was obligatory. I accepted the position with that understanding. What a field for practice! Any illness could be found with which to make an experiment. Again I had another tussle with the creed. It seemed as though I would not be convinced. I was not a convert yet at heart. Its recent demonstration had been so forcibly impressed upon my mind that its abilities demanded recognition; but one slight failure would undo all the good that had been done, and again I would be launched upon the turbulent sea of medical infidelity—a skeptic to the homœopathic virtue of the healing art.

### A Case of Lockjaw.

I had been connected with the concern about a month. One day a big brown horse, never known to have been ill, came a patient to the building used for animals sick and lame. All that the attendant knew was that the animal would not eat, and seemed a little stiff if moved about. He thought a little medicine "would do him good," and so the animal came into my charge. It needed but a superficial glance to diagnose the trouble. The stiffened gait, the rigid muscular form, the pro-

truding nictitans, plainly told the illness. How he had become so affected no one could tell, for he had worked all the day before, yet there was no mistaking the identity of mine host. I did not dread to treat lockjaw with Homœopathy. All that I had ever met before had died. With other veterinarians its history was the same. Recovery was not expected when so grave a malady gained possession of a victim.

Homœopathic treatment was demanded by the corporation, so I felt that the responsibility for the animal's death would not rest with me. No *Chloral* could be used—heroic *Belladonna* was debarred—all allopathic measures were excluded. *Passiflora* and *Nux vomica* were to guide the animal back to health.

I looked for nothing else but death. Convalescence from a disorder so benign would be a very agreeable surprise. Tetanus is not a disease of an acute type. Medication cannot cut its progress short when once it has invaded an animal's system. Its different symptoms follow one another in marked succession.

From day to day I watched the patient and the treatment; the rigid muscular form did not seem to change. The movements of the jaws were very slight. The nictitans, protruding, seemed to mock the simple efforts that were being made.

A week passed slowly by—no change. A little food was taken but not enough to satisfy the beast's demands. I tried in every possible way to aid—gave the medicine myself—was cautious in my movements round the horse, lest my presence might occasion a violent spasm, so characteristic of the ill—kept the surroundings dark and quiet—nothing else could be advised.

### Recovery From Lockjaw.

Another week rolled by. The medicine had been given every hour in the day and night. I fancied I could see a slight improvement. The violent spasms which sapped the animal's strength had diminished greatly in severity. The nictitans seemed to recede a slighter degree. The movements in the stall were less an effort than before—seemed inclined to pick a little hay, and mastication, impossible before, could plainly be observed.

I never saw lockjaw get well before, yet I hardly could give the credit to the treatment at the time. It seemed so far beyond the bounds of reason that some other aid must have been in-

voked. The month passed quickly by. Homœopathy, and that alone, brought the unlooked-for convalescence. *Chloral* had been outdone—*Belladonna* had been banished to the rear, and I admitted its superiority only with regret. Truth had prevailed at last, and I was ready now to accept the verdict from the evidence I had seen. Here in quick succession—with dangerous disorders—Homœopathy had demonstrated against my wishes, surely against my hopes, that it could cope successfully with tetanus—that it could overcome the violent pain in spasmodic colic, and that it could—unaided and alone—escort to convalescence the animal with lungs inflamed and near to death. Thus I became a homœopathist, and now, as I look back at my early struggles against the art and think over the doubts and the prejudices which I so unjustly entertained against its use—of the arguments which I had with my venerable associate and the accidental way in which I finally became an advocate of what I so frequently ridiculed and condemned, it brings to my mind the many reminiscences of days forever gone—of battles never to be fought again—and makes me think that those who talk against its use are more to be pitied than censured.

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## POPULAR REMEDIES IN BRAZIL.

By Dr. Staeger, in *Allg. Hom. Z.*, Aug., 1898.

Translated for the HOMŒOPATHIC RECORDER.

I lately worked my way through the large work in three volumes, now rare, of Spix and Martius, describing their journey in Brazil,\* and I was struck by the copious material for pharmacological research contained therein. Many of the items mentioned have in the long period since elapsed been introduced into medicine, other items have again been banished thence and still other items lie forgotten and unused in these dust-covered volumes. Many grains of gold may be found among the many worthless grains of sand; some of the notices about well-known drugs may also be found interesting. We, therefore, determined to gather the material in these three volumes and present it in

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\*Travel in Brazil, made and described by order of his majesty Maximilian Joseph I of Bavaria in the years 1817–1820, by Dr. Bapt. V. Spix and Dr. Carl Friedr. Phil. V. Martius. Munich. 1823.

extracts. For the purpose of facilitating the survey we shall divide the material into two parts:

1. Vegetable Remedies.
2. Animal Remedies.

### 1. Vegetable Remedies.

The greatest merit for discovering and using curative plants in Brazil, according to the view of von Martius, does not, as might have been expected, belong to the aborigines, but to the Spaniards who have settled there and especially to the inhabitants of the state of S. Paulo. The Indian has but few remedies; his extreme indolence keeps him back even from searching out curative material.

With the colonists of S. Paulo, who had to rely solely on their own single-mindedness and the abundance of surrounding nature, the science of medicine began with mere practical experience and traditions and assumed the same character which it bore during the dark ages in Europe, in witness of which we still find in antiquated pharmacopœias, elk-claws, the *Scincus officinalis*, etc. As every where in the development of medicine, so also with these Paulists, they proceeded quite instinctively according to the rule of the "*Signatura rerum*."

### An Application of the Doctrine of Signatures.

"So in every deep-red color it was thought that there must be a relation to the blood, as in yellow colors, to the bile and the liver; they attributed especial virtues to the scarlet *Urupé* (*Boletus sanguineus*), which suddenly makes its appearance on rotten trees and often only lives a month, using it in checking hemorrhages from the womb. In the yellow wood of the *Butua* (*Abuta rufesceus*) they saw a hint of its efficacy in diseases of the liver; in the root of the *Darsteuia Brasiliensis*, shaped like the testicles, and in the cordate leaves of the *Coracao de Jesus* (*Mikania officinalis*) they saw a hint of their strengthening effects on the nerves or the heart." And, strange to relate, Martius found confirmed in many cases the truth which Prof. A. Imbert-Gourheyre emphasizes in his "*Œffentliche Vorträge ueber Homœopathie*" (Public Discourses on Homœopathy), namely, that many a remedy discovered in this rude empirical manner proved itself, on investigation, to be a really useful remedy.

In the manner indicated, and probably also in many other

ways, the Brazilian people acquired its medical treasures which I shall briefly review here, enumerating the plants and adding then their alleged effects:

### The Remedies.

*Paratudo* (*Gomphrena officinalis* Mart.)—This plant, owing to its large deep-red shining flower, is one of the most splendid ornaments of the plains. The thick, tuberous root is valued by the husbandman as a universal remedy for general debility, dyspepsia, spasms of the stomach, intermittent fever, diarrhœa etc. It is rather striking to find so medicinal a plant in the family of the *Amaranth*s, as only very few species of this family show any medical virtue.

*Casca d' Auta* (*Drymis Winteri* L.) is said to occupy a foremost place among the aromatic-tonic remedies of Brazil. The bark is used.

*Periparoba* (*Piper umbellatum*). The root of this stately pepper-plant occupies a famous place among the Brazilian domestic remedies. In constipations of the abdominal organs with general debility, a frequent consequence of the intermittent fevers, this root has been used with great effect. It exalts the activity, especially of the lymphatic system, has a quick action and promotes all secretions. The leaves are often used as a tea in glandular swellings. So also the seed-capsules of the similar plant, the *Piper pellatum*, called *Caa-peba*, *i. e.*, broad-leaf, are used in a decoction as a powerful diuretic.

*Fumobravo* or *Suassuaya* (*Agerati* species) is praised as a marvelous remedy in inflammatory catarrhs and affections of the chest. The fresh expressed juice is said to act as a Lithontrip-ticon (?).

*Douradinha do campo* (*Palicourea speciosa* Humb.).—The leaves, on account of their yellowish color, have given to this plant the name of golden-bush, and have a great reputation, being much used as a sure (?) anti-syphilitic. The action of the infusion of tea, which in large doses shows itself as a real poison, shows itself mainly in an increased activity of the skin and the kidneys; the digestion is in no way disturbed by moderate doses. This plant is especially used in those forms of syphilis which manifest themselves in a morbid transformation of the skin.

*Sassafras* (*Laurus sassafras* L.) is one of the plants which found entrance into European pharmacopeias ever since the 16th

century. Martius found it used in S. Paulo as with us, as an abluent, then also as a diuretic and sudorific. Especially in the form of a decoction it is frequently used by the settlers.

*Carqueja doce e. amarga* are two related forms of *Baccharis genistelloides* L. and *venosa*, Pers.—They recommend themselves by their considerable contents of a bitter extractive material which is combined with a specific aroma and used in chills and fevers in cases where in Europe we use *Artemisia*.

*Carapixo de caloada* (*Triumfetta Sappula* and *semitriloba* L.)—The mucous, and at the same time somewhat astringent, constituents of the leaves and fruits of this shrub recommend themselves for injection in chronic gonorrhoea.

*Erva de Andourinha* (*Euphorbia linearis* Retz and *hypericifol* L.)—The milky juice of these small plants is dropped into syphilitic ulcers. Strange to say, Martius found the legend spread through all Brazil, that if this juice is applied to a wound of the pupil of the eye as soon as it occurs it will produce an *instantaneous* cure. He was often assured that this effect has been verified in chickens.

*Jatahy* or *Jatehy* is the resin of *Hymenæa Coubaril* L.—It is used in long-continued cough, in weakness of the lungs, hemoptoe and incipient Phthisis pulmonum.

*Erva Pombinha* (*Phyllanthus Niruri* L. and *Ph. microphyllus* Martius) is said to be a specific in *Diabetes*. The decoction of the crushed plant and seed is used.

*Figueira da India* (several kinds of Cactus) are used in the domestic medicine of the Brazilians, the juice being given in gastric fever.

*Perdicium brasiliense* L.—A decoction of this plant (of the root) is considered to be an unfailing remedy in too copious menses.

*Acajú* (*Anacardium occidentale* L.)—The freshly expressed acid juice of the tumid peduncle is used for lemonade; peculiar is the sympathetic action of the nut when worn on the body, in chronic inflammations of the eyes, especially those of a scrofulous nature.

*Orelha d'onça* (several kinds of *Croton*), in its root, offers an efficient substitute for *Senega*; it excites and promotes the secretions, especially those of the membranes. It is used in atonic catarrhs, in asthma and even in Phthisis pulmonalis.

*Carachichú* (*Solanum nigrum*).—The common black nightshade is one of the few plants which have spread all over the world with

the migrations of Europeans. In Brazil the crushed plants are applied to painful wounds; in spasmodic retention of urine, and generally in states of inflammation with predominant excitation of the nervous system, it is applied in warm cataplasms or in baths.

These examples may show how the common people quite empirically stumble on the right path; for this use the remedy is quite correct also according to homœopathic principles. This may indicate that there is a scintilla of truth in the application also of other popular remedies approved by experience.

*Paraiba* (*Simaruba versicolor* St. Hil.)—This shrub or tree grows in the plains of the districts of Contendas and Salgado. The bark and the leaves have an extremely bitter and somewhat disagreeable taste and are used externally as a wash in impetiginous ailments of the skin, especially when of a syphilitic nature. When the decoctions are too strong they drive in the eruptions *in a moment* and frequently cause violent fever, dropsy and death.

*Sarsaparilla*, the chief constituent of the world-renowned Decoction of Zistermann, is adduced by Martius as being of *decided* use in syphilis not yet become inveterate.

*Momordica purgan*, similar to Colocynth in its effects, has been found very curative in the case of chronic inflammations of the eyes and in dropsy.

The seeds of the *cotton-plant* (*Gossypium barbadense*, herbaceum, etc.) are frequently used in fumigations in cases of lymphatic swellings, in emulsions for softening injections and for cooling drinks in fevers, etc. The leaves, dipped in vinegar, are a highly valued domestic remedy in one-sided headache (*megrim*), in this respect resembling the leaves of *Ricinus communis*.

*Ambaiva* (*Cecropia petata*).—The inhabitants of the valley of San Francisco assured Martius of the truth of the curative virtues ascribed long ago by Piso to the juice expressed from the leaves of this tree. It is a decided refrigerant, suitable on account of its *mucous* constituents which are simultaneously *astringent*, in cases of acute diarrhoeas, gonorrhœa, metrorrhagia, etc.

*Guarana* (produced from *Paullinia sorbibilis*, one of the Sopindaceæ) contains, as is well known, some Caffein, together with other constituents, and is much used as a beverage in South America, like as the Paraguay tea and Maté tea.

*Guarana* affects especially the nerves of the abdomen and acts



very efficiently as a depressing remedy in diarrhœas and dysenteries originating from colds or from mental emotions, or, in general, from states in which a morbidly augmented sensitiveness of the Plexus coeliacus is present. It is not, however, indicated in congestions or saburra. In larger quantities it excites the whole nervous system, causes diplopia, sparks before the eyes, insomnia, an unusual excitation and other similar states. In metorrhagias and other passive hæmorrhages it has been of excellent service. Somewhat peculiar is the notion spread through all Brazil that it acts, indeed, as an aphrodisiac, but takes away the "*Vis fœcundaus seminis virilis.*" This double action need not surprise us in a remedy used as a beverage. A Homœopath will at once understand such a diverging action of a remedial agent.

With reference to the Peruvian bark Martius also mentions that he has not infrequently heard the complaint that *it sometimes even augments the fever*. On this account he found it but rarely used in Minas Geraës. Who, in view of such facts observed by the uncultured people *en masse*, would continue to doubt Hahnemann's discovery as to *China*, as is done even in our own camp? If there still are any such doubters, I would urgently recommend for their perusal "*Lewin, the Secondary Effects of Medicines.*"

Still more than by these vegetable remedies are we surprised by the following remedies taken from the animal kingdom, which are used as well by the aborigines as by the European settlers. Still these curious animal preparations ought not to surprise us too much, considering that we live in the time of organotherapy, where doctors seriously set about the restoration of the wasted physical virtue of males by means of tablets made from *testicles* and endeavor to cure with "*cerebrum*" neurasthenia and mental disturbances.

Nor should we forget that *Thyrcoïdin* is used to cure myxœdema, cretinism, struma, *adipositas universalis*, etc.; so also the preparation "*ovaria*" is used to cure chlorosis, climacterium (?); *lieu* is used for cachexy from malaria; *hepar* for cirrhosis of the liver; *renes* for nephritis; only by remembering this can we appreciate the doggerel:

"Gone is gone"  
In spite of "Ovadin"  
And "Supradin."

## II. Animal Remedies.

The inhabitants of Sertão, on the Rio St. Francisco (arid, almost desertlike, regions), as also the Sertanejos suffering, from an obstinate syphilis in which they have in vain used all the vegetable remedies and a quantity of *Mercury* all in vain, sometimes take their refuge to a remedy from the animal kingdom. They cut off the head and tail of a *rattle-snake*; the middle part is then taken and, together with a young chicken, is boiled into a jelly. Eating this preparation at one meal, the patient is put to bed, and there ensues a copious sweat, through which the *materia peccans* is at once eliminated from the system. A number of Sertanejos assured us that they had experienced this curative virtue on their own body.

So also various kinds of *lizards* are used in syphilis, jaundice and in cutaneous eruptions. The whole animal is boiled and the broth is drunk, or the animal is reduced to ashes and these are taken as a powder.

Many Indians take the powder of crushed Cává (*Astur cachinna* Sp.), a small *vulture*, as a preservative against the bite of serpents.

These antidotal properties belong in a much higher degree to the bird *Inhuma* (*Palamedea carunta* L.), and especially to the horn it bears on its forehead. A few scruples of this powder, taken with wine or water, are said to have caused a cure even when total unconsciousness had supervened owing to the bite of a serpent.

The horny points with which the tail of the roach (or ray) is armed are frequently used as an antidote to the wounds caused by this fish or against snake-bites.

From the antlers of the roe-bucks the Indians make another remedy for this purpose by toasting pieces of the same on coals and dropping upon them some of the *musk* which is secreted by alligators in two glandular sacs on the lower part of their neck. This powder is taken internally, and the whole piece of the antler is tied on the wound, from which it is said to suck out the poison. The musk here mentioned, which has a most penetrating smell, is said to be of extraordinary effect in deafness when dropped into the ear.

Another raw medicinal substance is furnished to the Indians of Brazil by the *Boto* (*Delphinus amazonicus*). No other dolphin is found in such numbers and preferring the sweet waters

as its habitat. As its name indicates, it is chiefly found in the Amazon. From the highest vertebra of this animal a powder is made which is said to be very efficacious in *hæmorrhages*.

In Paraiba incipient struma is treated with cataplasms of hot pumpkin-mush and by drinking water which has been standing for several days on the stamped mass of large *ant-hills*. Martius remarks: "The constituents of the ant-hills, which are 5 to 6 feet in height, and in constructing which the insects use a peculiar animal mucus as mortar, would seem to have some qualities which may counteract the pathological relations of the goiter; perhaps also the formic acid may exercise a beneficial effect on the relaxed nervous system as well as on the debility of the lymphatic system of such patients." Also the negroes in Africa frequently use mucous substances with good effect in goiters, *e. g.*, gum arabic.

In Casabranca, Brazil, the goiter, according to Burmeister (see his "*Brasilien-Reise*"), is treated with *Spongia*.

Martius seems to have found monstrous goiters on the Paraiba river, far surpassing even those we find in the valleys of Valais in Switzerland.

"Frequently the whole neck is occupied with the great swelling, giving a horrid appearance to these people, mostly colored people, not having a predispossessing appearance at best. Yet in this country this excrescence is rather viewed as a peculiar beauty than as a disfigurement; for we often see women, their monstrous goiter decked with golden or silver ornaments, and, as it were, making a show of it, sitting with a pipe of tobacco or a spindle in their hand spinning cotton before their huts."

In a note Martius points to the custom of North American tribes, who lay a cotton-thread on snake-bites, "*quod glandi virili circumvolutum peculiarre illarum smegma gravi eoque ammoniacali odore polleus imbiberat.*" So also the Indians dwelling on the Yupurá assured our travelers that when the hands are stung by ants, scolopendras or scorpions, the most certain and reliable remedy is "*illarum in vaginam muliebrem immissi.*" Martius suggests that most of these animal remedies may owe their virtues to their ammoniacal contents.

With this we conclude our extracts from the travels of Spix and Martius. Whoever feels himself impelled, to make physiological provings of new remedies, has furnished to him here a variety from which to choose, and these remedies have the addi-

tional recommendation that many of them have for a long time enjoyed the popular favor and still enjoy it; and even this is of some value as compared with the modern machine-products of our enlarged chemical factories, for the judgment of the common people in such matters is by no means the least reliable.

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### ORGAN DISEASES OF WOMEN.\*

By Dr. Compton Burnett, London, Discussed by Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hòm. Zeti.*, August, 1898.

#### Dislocation of the Uterus in Consequence of a Fall.

A married lady had been suffering from abdominal troubles for eight years in consequence of a fall on a tour in Switzerland. There was sensation of a drawing down with frightful pains through the hypogastrium. She had the sensation as if the uterus and everything in the abdomen was being pulled out; this was accompanied with a leucorrhœa, appearing every four or five days in "small discharges of a thick yellowish liquid," as also a great irritation of the bladder. She had suffered these tortures for three years before she applied to a physician, a gynecologist of world-wide renown. But he could not afford her any relief, nor a second physician who delivered a very unfavorable prognosis. Thus she first came under homœopathic treatment in the eighth year of her disease. Dr. Burnett prescribed *Secale cornutum* 3, which cured the case so quickly and completely, that the discoloration must rather be viewed as an entanglement of the uterus with the intestines. The author adds in conclusion: "That *Secale* was here homœopathically indicated will not be doubted by any competent critic, especially if he has ever seen the effects of a full dose of this remedy on a woman in parturition with a strong spine and fullness of the muscles."

#### Enlargement of the Uterus, of Both Ovaries, Aphony, Retention of Urine, Etc.

A married lady of 26 years, mother of three children, was afflicted with two diseases. She was a full built, but with very

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\*Published by Boericke & Tafel, Philadelphia.

delicate tissues, burdened on her father's side, as her father died of phthisis in his 29th year. Twice she had measles, twice also influenza, had been vaccinated thrice and passed through scarlatina the year before. At her first delivery the peritoneum was fearfully torn, so that it had to be sewed in five different places. We made the following observations:

1. Complete aphony since several weeks, she can only whisper softly.

2. The left lobe of the liver is considerably enlarged and very sensitive to pressure.

3. The tongue is coated like a chart and pappy.

4. The spleen is moderately inflamed.

5. Very much constipated; much pain in the back and the sides.

6. Pretty bad hæmorrhoidal varices.

7. Enlargement of the uterus.

8. In the right ovarian region there is a large swelling of the size of the fist; another on the left side which is very painful.

9. Sharp leucorrhœa, at times intermitting.

10. The menses appear too frequently and too violently.

11. What exacerbated the sufferings of the patient to the utmost, she had not been able to void any urine for the last two months, so that she had been obliged to use a catheter.

12. To this were added several more or less troublesome nervous symptoms. As these seemed more or less to have been caused by the preceding attacks of influenza, the author opened his therapeutic campaign, as he calls it, with *Cyripedin* 3 dil., giving six pellets three times a day.

(*Crypedium pubesons*, *Cyripedin* and *Scutellaria lat.* and *Scutellaria* have long been Dr. Burnett's sheet-anchor in neuroses after influenza; these are remedies which have been but little proved and hardly ever used in Germany.)

This remedy refreshed her nerves, relieved the nervous part of her aphony and her constipation.

Since her spleen was swollen, and the patient showed at times intermittent, feverish movements, the author gave her *Urtica urens* (twenty drops a day), as this remedy (according to him a spleen-remedy) also corresponded to the retention of urine. Then there appeared a critical diarrhœa; the spleen became normal, the hæmorrhoids disappeared and the aphony advanced somewhat towards a cure; but the retention of urine showed no

improvement. (Dr. Mossa is of opinion that he would sooner have attained his end if he had used a well-known remedy, really indicated homœopathically, such as *Nux vomica*, instead of these questionable remedies. He thinks that Dr. B. is too much given up to organotherapy.)

Since the retention of urine was, as he supposed, due to a swelling of the tissue surrounding the urethra he gave saw palmetto (*Sabul serrulata*) five drops four times a day, without effect. He now studied the case more closely, and as the patient waked up from pains between 3 and 4 o'clock A. M. and the tongue was coated like a chest he gave *Mal.* (Malva? Dr. Mossa) 30 in rare doses. The tongue lost its peculiar coating, but the pupils became very prominent; toward evening an aggravation set in; the voice failed again twice. In the morning the tongue was very strongly furrowed.

Prescription: *Arnica* 1, ten drops in water, morning and evening.

August 14. The voice had been good for four weeks, the stools normal, micturition still difficult, though less painful, and the quantity of the urine more nearly normal. The profuse leucorrhœa causes her much trouble. Insomnia.

*Medorrhin* 1000.

September 11th. The voice normal, the sleep better, the pain in the sides returns at night; the leucorrhœa is still very troublesome; the urinary discharge is still difficult; the left lobe of the liver sensitive.

*Chelone glabra* 6 made little change.

*Zincum acet.* 6

November 24. Menses scanty; anorexia, dyspnœa, palpitation of the heart; micturition not yet free.

*Hydrastinin mur.* 3, five drops morning and evening.

January 22. Pain in the side has disappeared; micturition without trouble, but not always so. Hæmorrhoids and constipation very severe.

*Sulphur* 30 in rare doses.

March 2. Hæmorrhoids and constipation have disappeared; the fluor albus worse; micturition normal.

*Med.* 1000.

This brought a complete cure. The lady remained in good health and was delivered of a child in November. No further troubles appeared.

### Pessaries.

As to the use of pessaries Dr. Burnett (p. 42) says: "I do not disapprove of pessaries when nothing else can be done (in a prolapsus); but a pessary is only a makeshift of a very questionable kind. It is always better to acquire by means of it the ability of moving about rather than to remain in bed, and thus gradually to become a useless mass of tissue. But a pessary does not cure anything, and not only this, but it may even make a large and heavy organ larger and heavier. The true indication is, so to reduce the size and weight of the uterus that it becomes light enough to again occupy its natural position. This is actually possible, but it cannot be done without organ-remedies, nor on the other hand without constitutional remedies if the hypertrophy is due to constitutional grounds.

In answer to the objection made by many critics and also by Dr. Mossa that the use of organ-remedies, which we have derived largely from Rademacher, is a departure from Homœopathy, Burnett answers that he learned to know the works of Rademacher and of Hahnemann at the same time and that he has found both systems approve themselves at the sickbed. Frequently he had not been able to cure simple organic diseases with dilutions (these alone do not constitute Homœopathy. Dr. Mossa); nor on the other hand has he been able to cure deep constitutional diseases with organ-remedies. From a copious experience accompanied with careful examination he asserts that Rademacher's organic therapy is an *elementary* Homœopathy, as in it the degree of similarity is a very low one, making small but material doses in frequent repetition a requisite. The higher the degree of similarity, the higher must be the attenuation given. As an example of what he means by a constitutional case he adduces the following case of

### Subinvolution of the Uterus.

A married lady of 29 years, mother of an infant of nine months, sought Dr. Burnett's help on account of a severe ailment of the uterus, which had not yielded to any of the various treatments tried. The uterus, in consequence of her single delivery and adherent placenta, was considerably enlarged; the rectum was stuffed full of hæmorrhoidal varices which fre-



quently bled violently; the menstruation was also profuse. The vulvar and rectal regions showed much pigment; the inguinal and cervical glands were like marble-balls. Great debility, considerable emaciation.

Although there was here an enlargement of the uterus, this affection was manifestly only a part and not even the essential part of the disease. The primary element in this case was to be found in the constitutional case indicated by the *Placentia prævia*. This appeared more manifestly when *Bellis perennis* 8 and *Sepia* 5 were able to do but little. (That was in 1892.) In the beginning of August the patient was very poorly off and had lost more flesh. The dark color of the skin and the emaciation caused the author to give her *Bacillin* (c.c.), on which the fever diminished. After *Thuja* 30 she retrograded again, so that he returned to *Bacillin* (c.) and left the patient for several months under the influence of this remedy. Then he prescribed *Fraxinus Americanus* in small material doses, a uterine remedy, which also in this case brought back the uterus to its normal size.—Now the lady is rotund and sound. (We do not know whence our author found out that *Fraxinus Amer.* is a uterine remedy.)

As a counterpart, a simple example of an excessive enlargement of the uterus and of its treatment the following case may serve:

A woman of 38 years, the mother of 6 children, was brought to the author on account of a hypertrophy of the uterus of high degree. The latter was so large that it could only be in some degree retained in place by a very large pessary. The uterus was scraped by an excellent surgeon, another had used the curette on it *secundum artem*, while a third had thoroughly cauterized it—but this seemed only to make it thicker. According to the unanimous opinion of these and other consulting physicians there only remained the ultimate resort of extirpating it, and a day had already been set for this purpose.

A careful interrogation showed that at one of her deliveries the uterus had received an extensive tear, later on the placenta had adhered, succeeded by several hemorrhages. The uterus now appeared large, hard, heavy and thick.

The patient was well nourished and was in good health, with the exception of her uterine trouble and anaemia in consequence of too frequent menstruation.

It was difficult to get her consent to a merely medical treat-

ment after she had made herself familiar with the idea of an unavoidable operation. The pessary was removed and I gave her three times a day five drops in water of the strong tincture of *Fraxinus Amer.* After seven weeks the patient could travel to Scotland, and take long journeys on foot even without any pains in the back. The uterus had been reduced almost to its normal size and taken its direction toward its normal place—and this merely under the influence of the one remedy, *Fraxinus Amer.*, given in doses first of five, then of six and lastly of ten drops.

We must remark, in addition, that the patient had formerly received a quantity of quinine, and felt quite chilly and feverish; this symptom was removed by *Natr. Mur.* 6. trit. She had been vaccinated three times and was sycotic (? Dr. M.); *Thuja occid.* 30. and *Mat. c.* removed this state. She also once received *Ignatia amara*. But all this took place after the cure of the hypertrophy of the uterus by means of *Fraxinus*. The author was able to testify to the excellent health of this lady for three years after this cure.

Well! we must respect this success and this remedy! even though the doctor may not have proceeded by the regular highway of Homœopathy.

### **Varicose Lower Limb, Enlarged Uterus, Occasional Leucorrhœa, Swelling of the Spleen, Headache in the Forehead.**

A spinster of 48 years had a varicose vascular swelling about her left ankle; this was raised about a quarter of an inch above the level of the skin, and in this varix there was a considerable burning toward night. Since fifteen months she had entered into her climacteric period, also suffered at times from leucorrhœa, and whenever the leucorrhœa appeared the burning in the varix was considerably aggravated; her general health was excellent, excepting frequent flushings of heat. The uterus was moderately enlarged and the spleen also was enlarged. The patient had suffered from intermittent fever 10 years before in India.

Dr. Burnett, following a French investigator, considers the spleen as the organ which, even more than liver and lungs, has the power of oxidizing; and when it is disturbed in its function there arise considerable disturbances in the organism. He, therefore, ascribed the intermitting leucorrhœa as well as the

varicose burning swelling to the affection of the spleen. Nevertheless he first commenced the treatment with *Pulsatilla* in the mother tincture, because when used thus it is a very useful remedy in the enlargement of the uterus in the climacteric period; while during the menstrual period of woman it must be given in dilution, whenever it is homœopathically indicated, in order that it may not disturb the menstruation.

The young lady, therefore, was given *Pulsatilla*  $\theta$ , five drops every morning and evening for a month. This acted well on the uterus; fluor albus and the flushes of heat were somewhat moderated; the patient now complained much of chilliness. (Dr. Mossa ascribes this to the *Pulsatilla* given too long and in too great doses).

Now Dr. Burnett, in view of the swelling of the spleen, which he considered as the main focus of the disease, prescribed *Urtica urens*  $\theta$  in water, five drops every morning and evening. Then the swelling actually diminished, the chilliness disappeared and the varicose swelling vanished. After *Urtica* had performed its use, while there had not yet been effected a full cure, Dr. B. investigated the cause of this obstruction and found it in the fact that Miss X. had been vaccinated four times. *Pulsatilla* had much improved the headache, but it returned later on; *Urtica* did not affect it at all. *Thuja* 30. in rare doses cured the headache quickly and completely.

Then *Ceanothus Amer.* 1. was given for several months, and the state of the patient became quite satisfactory and the varicose swelling had disappeared all but a small remnant.

#### A Case of Pleurodynia on the Left Side.

“The neuralgic pain below the mamma, especially on the *left* side, and the chief remedy corresponding to it, *Cimicifuga*, show a certain relation between the uterus and the upper parts on the left side of women.” In the following case the pain was localized below the ribs on the left side, *i. e.*, in the splenetic region (the spleen was enlarged), it was augmented every third day, but never ceased entirely. Formerly the patient had suffered from perspiring feet. *Bellis perennis* had but little effect. *Cimicifuga* 1, *Thuja* 30, *Sabina* 30, *Tub. t.* (Tuberculin?) C. brought the spleen back to its natural size and the pain was removed.

**Phthisis with Night-sweats from Suppressed Leucorrhœa,  
with Subinvolution of the Uterus.**

Dr. B. regards vaginal injections in leucorrhœa as very harmful and to be rejected, being false in theory and injurious in practice. He adduces the following case as an illustration:

A young woman of 30 years, mother of one child, presented herself on February 5th, 1891, with a severe affection of the lungs; a malignant cough, nightsweats, a bloody expectoration, a sensitive spot in the right lungs. The patient had spent a winter in southern France and Algiers. Her state had thus been held down but not improved; on the contrary, the disease had continued its process.

*Bacillinum* 6.

March 2. She had been better, but on catching a new cold it was worse than ever.

*Bacillinum* 30.

March 17. Urine thick, sedimentary; cough; nightsweats about 3 A. M.; menses normal, as also the stools; but the patient is pale and cold.

*Urtica urens* θ seemed to have a decided effect; but on May 14 hæmorrhage from the lungs again appeared. In a closer study of the case Dr. B. came to the conviction that the affection of the lungs was not primary, but a consequence of the suppression of the *Fluor albus* through vaginal injections. To find the origin of an ailment is doubtless of the highest importance in its treatment.

He prescribed *Medorrh* cc.

This brought on a very disagreeable pain in the back from 12-2 in the afternoon; as also a flow somewhat colored and looking like slivers of skin. A piece of fibrous ragged tissue of the size of a bean was discharged, covered with mucus and blood. A piece just like it had been discharged by the patient 8-10 weeks after her delivery, and she had then made injections of *Zincum sulph.* and *Alum*, which had soon relieved her. The flow this time took place one day after the cessation of the menstruation, and after it the pains in the small of the back were much relieved. She took the rest of this medicine June 2. There is still cough, especially early in the morning. The expectoration is yellow and thick, the tongue white.

*Med.* 1000.

A complete cure followed. The woman has since born in the course of five years two healthy children.

We see from this that the author in appropriate circumstances knows how to use isopathic remedies and how efficient these may be in high potencies. In a similar way he also treated several cases of sterility by a combination of these remedies with organ-remedies after the uterine ailment had been removed by this remedy.

### **Helonias in Enlargement of the Uterus.**

In all simple organic diseases one of the greatest difficulties is to find out the organ-remedy that exactly fits the case. The provings made so far are generally insufficient. Rademacher, following Paracelsus, asserts that the organ-remedy cannot be determined before the cure is attempted, especially because the *genius epidemicus morborum* often comes into play in such cases. We meet with many cases of urinary troubles in which the primary ailment is an enlarged and too heavy uterus, which on that account has become dislocated; this is then followed by an irritation of the cervix of the bladder with urging to urinate. In such cases *Helonias* is frequently the right remedy. So in the case of a young lady of 32, who suffered from a troublesome, frequent urging to urinate. This was accompanied with pains in the small of the back, the uterus was heavy, the urethra inflamed. The urine contained mucus. *Helonias* 3d in doses of 6 grains soon removed all these symptoms, though the ailment had been of several years' standing.

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## **WAS IT CANCER OF THE STOMACH?**

**By Dr. Mueller-Kypke.**

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. fuer Hom.*, Aug., 1898.

On October 8, 1897, I was called to a little village in the "March" to Mrs. W. I found my patient, 48 years of age, lying in bed with violent pains in the region of the stomach. Her husband told me that his wife had now been sick for three years, that she had used every kind of treatment and of doctors; that last spring she had been in Carlsbad, but had continually gone from bad to worse. and now for months had been

unable to leave her bed. On closely examining her I found a tumor in the pyloric region of the stomach of the size of half an orange, and from this spot the pains darted forth. The woman could hardly eat anything, and whatever she partook of, she for the most part had to vomit up again. In consequence she had become so emaciated, that she literally consisted of nothing but skin and bones. I also found out that she was suffering from piles.

I was firmly convinced that the woman was suffering from cancer of the stomach, especially as she also had the cachectic, *i. e.*, sallow and hollow-eyed appearance of those afflicted with cancer. In accordance with her symptoms I prescribed *Bismuth trit.* 3 D. and *Belladonna dil.* 4 D. in alternation, and I gave exact prescriptions as to her diet, forbidding, in spite of her weakness, all meat, spirituous drinks and coffee.

On the 22d of October her husband wrote to me, that there had not as yet been any sign of improvement; that his wife on the contrary had now also particular trouble from her piles.

This latter point especially led me now to view the ailment more especially from this side, and I therefore gave her *Fluor. calc.* trit. 6 D. and *Nux vom.* dil. 6 D. in alternation. I made no change in her diet. After this prescription the woman slowly and steadily improved, as her husband, who now called on me frequently reported. The vomiting ceased, the pains diminished and she could eat more. The hæmorrhoidal knots, indeed, continually became more prominent, but after applying some *Hydrastis* salve they gave her no more trouble. The internal use of *Fluor. calc.* and *Nux* was continued. I only interposed some doses of *Arsen.* dil. 6. I gradually added some delicate meat-dishes to her diet and she bore them well.

On the 21st of January, 1898, her husband came to me, beaming with joy, reporting that his wife was now really well. She had then been up for weeks, had no more trouble, and enjoyed her food; only occasionally, when she ate too much, to which she was inclined, she felt a pressure in her stomach.

On the 8th of February I accidentally had an opportunity of again seeing the woman, as I was called to the neighborhood to see another patient. My astonishment was great when the woman greeted me gladly at her door. I examined her again. There was no more any trace of a tumor. The woman was quite well again.

This case gave me much food for reflection. Could it have been a case of cure of cancer of the stomach? All symptoms pointed in that direction. Still I do not believe it, but am rather of the opinion that it was a case of chronic catarrh of the stomach in a most aggravated form, combined with hæmorrhoidal congestions. I would explain the case in this way, that the tumor was really caused by remains of the food which had collected at the pyloric orifice and in consequence of the atony (feebleness) of the muscles of the stomach could not be advanced further. By the remedies given the stomach had recovered and these congestions were removed.

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### A CROCUS CASE.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from. *Allg. Hom. Zeit.*,  
July, 1898.

An unmarried lady of 42 years, short of stature and well supplied with fat, has had much to suffer from her menses which appeared at irregular intervals, often 2-3 times a week and sometimes very profuse. Owing to this she had become anæmic, with a decided weakness of the heart, together with congestive rushes of blood to the heart and the head, so that the face often takes the color of carnation. This is attended with a high degree of nervousness, with extreme sensitiveness to the weather, a great mobility of the thoughts and of the tongue, desire for company and a tendency to exaggerate, so that if she does not make an elephant of a mouse (which she is as much afraid of as the cat is enamored of it); she would yet call a shower of rain a cloud-burst. Though on the whole of a bright temperament, nevertheless, having had many bitter experiences, she by preference looks at the shady side of life, is much interested in obituaries and accounts of murders and likes to read funeral discourses. Still her sudden transition from sadness to merriment is rather striking. Her appetite is good and she eats unusually often and much, and on account of the feebleness of her heart, as she says, she takes several times a day some wine. The stool inclines more to diarrhœa than to constipation. She has had formerly actual hysterical "crises," owing



to menstrual colic, when the pains reached the ovaries and radiated into the extremities. Her sleep is very restless, with many often heavy dreams.

In the beginning of last April this young lady had some furunculous eruptions on the right cheek and also in the neck. These were not, however, allowed to mature and to dry up, but she sought to choke them off with collodion. But this led, probably through the absorption of the poison contained in such ulcers, to the continual new formation of such eruptions. Finally a feverish state set in, shudderings and chills in the evening and heat at night; the right cheek and the upper eyelid were swollen and dark red. At the same time the gums in the upper and lower jaws on the right side became inflamed; the teeth, which were much decayed, became painful, the tongue was coated white, so that she had much trouble in eating; then a violent thirst appeared compelling her to drink much water. With all this her menses, which in the last weeks had been sparing, now set in again with a copious flow of dark, *tough* and ill-smelling blood. A pulsating headache was now also added.

Her state seemed to me, though not an erysipelatous inflammation, yet a phlegmonous one, springing from her furunculous cutaneous eruption.

### Therapy.

The patient was given some doses of the 30th potency of *Belladonna*. This remedy had, however, no appreciable influence. Whether a lower potency might have proved more effective? Still, when I viewed the psychic state of the patient, and when she also told me that pretty frequent diarrhœic stools had set in, and she had suffered during the last nights much from the fact that her limbs, especially her arms, went to sleep; while the fever was less in the forenoon and more violent in the evenings, with a darker red on the cheeks; while the blood from the uterus continued to be of the above mentioned character, my choice fell on another remedy, *Crocus sativus*, and I gave the patient in the beginning five drops every three hours; the strength and frequency of the dose being partly due to the fact that she thought she could not do without repeated potations of wine every day, owing to her weakness.

The remedy was accompanied with good results; the feverish symptoms disappeared within twenty-four hours; the redness

and swelling of the face diminished, so also the swelling of the gums, the tongue became clean, her old, good appetite returned, the diarrhœa ceased and the menorrhagia diminished in the course of a few days. The furuncles healed without any secretion, and after about 14 days, after the lady had already some time been out of bed and had been going out, there appeared a slight peeling off of the skin on the places which had been affected.

### Additional Critical Remarks.

As to the diagnosis of the case, the decision whether this was a genuine or a pseudo-erysipelatous process is difficult, although the finally resulting desquamation inclines the balance to the side of erysipelas. Still we also find in some toxic remedies as, *e. g.*, *Rhus toxicodendron*, that they may originate erysipelatous as well as phlegmonous processes.

That which here determined my choice to *Crocus* was less the pathological anatomical substratum of the ailment, especially since our provings of this remedy have not as yet disclosed much. These provings only show with respect to the skin, "scarlet redness of the whole body—circumscribed red spots in the face, with a burning pain, a painful inflammation and *suppuration* of a *contusion* on the finger healed long before." Of course, if we were at liberty to consider the good effects of the remedy which it has unfolded according to experience as a suppurative agent in furuncles, panaritia, indurations, styes and chilblains the law of similarity with our case would be more plainly manifested.

### The Action of Crocus.

The strong action of saffron on the vascular system plainly appears from its pathogenesis. It causes rushes of blood all over the body, with heat, restlessness, anxiety in the chest and about the heart, during which the vessels may be so much surcharged with blood that this is finally discharged in the form of hæmorrhages. This appears most plainly in the vascular system of the nose, the uterus, the lungs and the urinary organs, and, if we consult also Rademacher's school, also in that of the intestinal canal in form of a dysentery in a peculiar affection of the liver. The blood discharged is mostly tough, thick, at times coagulated, of a dark or even black color. This state not so much resembles an active hyperæmia, it rather reminds

us of the plethora prevailing with women in their climacteric period. In the one case as in the other a violent sensation of heat all over the body, especially in the face and on the head, mostly with redness of the face and violent thirst. In *Crocus* there is a pricking of the skin, as if perspiration would break out, while with women in their climax a copious perspiration actually breaks out all over the body. The latter frequently complain of the pulsation of the arteries, now here, now there. This symptom is only found again in *Crocus*, so also a rhythmical pulsation in one-half of the head or face; with this we may also count the strokes or pulsations felt in various parts. That the congestive headache will also be found in such a case is easily understood.

We may well assume that in the climacteric period, where the blood formerly used or discharged in menstruation, pregnancy and delivery finds no more use nor free passage outward, there should arise a superabundance of blood in the female organism. Besides this, saffron has a sufficiently demonstrated specific relation to the uterus as appears from physiological and clinical experience. Now, although in our patient there had been no antecedent childbirth, nevertheless her menstruation had been so copious and frequent in the years preceding that the diminution and especially the cessation of these discharges must have caused a fulness of blood, not only in the uterus, but also in the system of the portal vein, yea, in the whole organism, which then caused the occasional violent discharge, as during this disease, of a blood very similar in its character to the *Crocus*-blood.

The transition from such a congestive fulness of blood to feverish, inflammatory affections of particular organs is not difficult, especially if a special impulse should be given by a cold, or by becoming overheated, or by violent emotions. The latter cause very likely contributed in the case of this highly excitable lady. This leads us to the consideration of the effects produced by *Crocus* on the psychical state.

Although this remedy is chiefly distinguished by its production of a state of exaltation in the emotional as well as the mental activity, it, nevertheless, also causes peculiar kinds of melancholy, of depressions which are, however, quickly relieved by states of exaltation, so that anxious sadness and woefulness quickly alternate with extravagant merriment, frequently accompanied with unrestrainable laughter and singing. With some of the female

provers there appeared a sort of intoxication with joy, accompanied with motions as in chorea. Very characteristic with some of these provers was the highly increased sensitiveness to music and singing; of one of these we read: she had to sing *nolens volens*, especially when she heard another person singing; Arias long forgotten, whole pieces of music come vividly back to her memory. In saffron, however, music does not exercise a calming influence (as it does per contra in *Tarantula*).

The psychical state of our patient was not, indeed, changed that much. A certain excitement, with extraordinary loquacity, an unusual desire for making and receiving calls, also for writing letters, and still a poring over dark hued images, making her disconsolate, and the quick transition from a sad to a cheerful, merry mood—all this taken together might, indeed, bring up the image of the psychical effects of *Crocus*. Then, again, she cannot sit still, and while sitting is inclined to swing at least one hand up and down.

One other symptom appearing in the patient, which is also manifest in *Crocus*, seemed to me of importance in the choice of the remedy: The going to sleep of the limbs at night, while she was asleep.

Although I have not hitherto mentioned the great word hysteria, it, nevertheless, plainly shimmers through in this case as well as in the pathogenesis of *Crocus*.

If we have chiefly kept in view in these additional critical remarks (which have been prolonged beyond our intention) especially the therapy, and in this the relation of similarity between the pathological phenomena in the patient and the pathogenetic symptoms of the remedy, this corresponds with the practical tendency of the homœopathic mode of curing.

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## SENECIO AUREUS.

*Case.* Miss M., a lady twenty-five years of age, had suffered with periodic attacks of bronchitis which generally left her in a debilitated condition; she rarely found relief except from climatic changes, and had therefore spent much time in traveling about for the sake of her health. She determined to remain here last year despite her past experience. In the midst of one of her catarrhal attacks I was summoned to give her temporary

relief.' Her acute condition seemed to respond to the usual remedies, but her recovery did not seem to be complete.

In studying her case I found as she improved in the bronchial affection that she suffered more from a nervous depression typical of neurasthenic exhaustion. At times she became quite hysterical, and if worried or unusually excited a spasm simulating hystero-epilepsy generally followed. After this experience she would remain in a semi-stupid state for a few days, when the irregular and variable symptoms of hysteria intervened. Insomnia disturbed her at night; and, in the daytime, she was moody and despondent, so much so that it was unbearable to live with her. There were alternate zones of anæsthesia and hyperæsthesia, occipital headache, lumbo-sacral backache and a persistent tremor of the hands were symptoms observed in the physical examination.

I found that a menstrual suppression preceded the bronchial attack for which I was consulted, and that she had been quite irregular in this respect for several years. No remedies had heretofore afforded her more than temporary relief, and the case dragged along under my care for some time. I happened to read in one of our current medical journals of the value of *Senecio aureus* in hysterical conditions when attended with involvement of mucous surfaces. For some reason every case quoted had a clinical comparison with mine and I resolved to try it.

I was surprised to see how it relieved the catarrhal condition and how my patient showed unmistakable signs of improvement. I continued the remedy, in the third potency, for some time. I am now pleased to state that she is better in every respect than she has been for some time, and more than all the patient admits it and gives credit to my remedy. The anæmia and nervous debility have gone. She has no more hysterical convulsions, and is of some comfort to herself and family.—*Dr. H. V. Halbert, in Clinique, September, 1898.*

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DR. ALBERT ROBIN and Dr. Mendel (*Médecine moderne*, May 11th; *Medical Bulletin*, July) extol *Cimicifuga* in this complaint, and cite, among other cases, one in which a plug of wax, the obvious cause of the buzzing, was purposely left, while the buzzing disappeared in two days under treatment. Here are


their conclusions: 1. Buzzing of the ear may be considered as the reaction of the auditory nerve to direct or reflex irritation. 2. *Cimicifuga racemosa* possesses an action upon the auricular circulation and upon the reflex irritability of the auditory nerve. The average active dose is thirty drops a day. 3. Buzzing which has existed more than two years appears difficult to influence by *Cimicifuga*.

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A HEADACHE that was refractory in a recent patient, due to overheat approximating sunstroke, has been relieved by *Passiflora*. In this patient the great tendons in the back of the neck were stiff and sore and the ordinary motions of the head in sitting, putting things on the swim and made my man feel drunk and strange. The vision was poor, and the base of the brain was the seat of a constantly dull pain. I gave it to this case conjoined with *Gelsemium*.

In young women of sedentary habits who have no work to draw upon a highly charged nervous system, with sluggish pelvic circulation and pain at the menstrual epoch, *Passiflora* in conjunction with *Macrotys* is needed. An excess of vitality that throws children into fits, as is instanced sometimes in cases of high arterial tension or fever, are remedied by *Passiflora*. I do not believe it to be a very potential drug, hence have little faith in a home-made article. It is as reasonable to suppose that I could make my own shoes competitively as my own drugs, and to say that I could extract the drug power from a plant as well as a pharmacist with competent tackle is a little piece of vanity I had rather not indulge in.—R. T. Hillman, M. D., in *Ga. Ec. Med. Jour.*

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“THERE is *Ptelea trifoliata*. How many of you have that remedy and are using it? Don't all stand up at once! To the best of my belief no drug in use has a richer symptomatology in the stomach and liver region, not excepting such drugs as *Nux vomica*, *Carduus*, *Podophyllum* or *Chelidonium*, and it has one key-note that is priceless. Just turn to your Hering (condensed) and underscore it and emphasize it by putting a great big  pointing to it. One of the most effective prescriptions I ever made, whereby a seemingly hopeless invalid recovered

health, was done with *Ptelea* 1x on this indication: 'Weight, aching distress in hepatic region, dull pain, heaviness, better by lying on right side; turning on left side causes a dragging or pulling as if liver was pulling on its ligaments.' So far as I know *Magnesium muriaticum* is the only other drug having a similar symptom. Then as you take your pen and underscore in *Ptelea* 'dull and stupid,' dazed, confused 'muddle feeling in the head,' just read along and see how every last trivial symptom points to a congested, enlarged, inactive liver. Then comes the value of your individuality you have learned and you would only think of this remedy when the liver is at fault,"—  
*H. K. Leonard, M. D. in Medical Visitor.*

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## BOOK NOTICES.

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**The Change of Life in Women and the Ills and Ailings Incident Thereto.** By J. Compton Burnett, M. D. 185 pages. Cloth, \$1.00; by mail, \$1.06. Philadelphia: Boericke & Tafel. 1898.

The author says in his preface that he has never heard a clinical lecture, or read a medical work, on the menopause that was satisfactory, or of any use to him in his clinical work. He has, therefore, been compelled to go into the subject as an original discoverer and the results are given to the profession in this little book. As in the case with his other works, all will agree that it is readable but, as, also in the case with his other works, not all may agree with his conclusions. Many things that are done to ailing women, and accepted as universally as was once venesection, is unqualifiedly and emphatically condemned in this new departure, and this fact, it is easy to foresee, will cause many to protest. But, even as the men who once commenced nearly all their treatment with bleeding, strenuously objected to the condemnation of their practice, were finally forced to admit that they were in the wrong, and the small minority in the right, even so may it be in this case. At least it will be well to know what the new way is, for this is an age of rapid change and a man may soon be left stranded. *The Change of Life* is a fitting companion to *The Organ Diseases of Women* by the same



author, brought out a year ago (Boericke & Tafel), and all who possess that book ought also to have this one. Everyone knows, who keeps in touch with things, that there are increasing murmurings against the way women are medically treated at the present time, and no books are more apropos to a change for the better than the *Change of Life and Organ Diseases of Women*.

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**The Therapeutics of Facial and Sciatic Neuralgias with Repertories and Clinical Cases.** By F. H. Lutze, M. D. 297 pages. Cloth, \$1.25; by mail, \$1.32. Philadelphia: Boericke & Tafel. 1898.

When one considers how helpless all procedures are in the presence of the intense agony of neuralgia, all save the genuinely indicated remedy, one is led to believe that a book, gathering all that is known of the homœopathic treatment within its covers, ought to meet with a warm reception from the profession. Dr. Lutze has done this work for his professional brethren and done it well. A reading of the illustrative cases scattered through the book clearly reveals the fact that routine treatment will not do in this disease, but the physician, to be successful, must choose between many remedies, guided by the symptoms which stand out clear, or obscure, as the case may be, in each case. *Belladonna* will reach many cases with its worse from touch or motion, and its sudden coming and going, but it will not touch the *Causticum* patient, with the feeling of wind blowing in the ear; on the *Capsicum* patient, who can bring on the paroxysm by merely touching the afflicted part, or that of many other remedies. The book is well worthy of study.

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**An American Text-Book of Gynecology, Medical and Surgical, for Practitioners and Students.** Edited by J. M. Baldy, M. D. Second Edition, Revised, with 341 Illustrations in the Text and 38 colored and half tone plates. 718 pages. Cloth, \$6.00; half-morocco or sheep, \$7.00. Philadelphia: W. B. Saunders. 1898.

This is the second edition of this well-known volume of the American text-book series. Dr. Baldy was assisted by Drs.

Byford, Cragin, Etheridge, Goodell, Kelly, Krug, Montgomery, Pryor and Tuttle. The book is *sold by subscription only*. It is gotten up in the usual good style of all of Mr. Saunders' works.

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**An American Text-Book of the Diseases of Children, Including Special Chapters of Essential Surgical Subjects; Orthopædics; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; and on the Diet, Hygiene and General Management of Children.** By American Teachers. Edited by Lewis Starr, M. D. Assisted by Thomson S. Wescott, M. D. Second Edition. Revised. 1244 pages. Cloth, \$7.00; half-morocco or sheep, \$8.00. Philadelphia: W. B. Saunders. 1898. For sale by subscription only.

Another second edition of the Standard American text-book series. A number of entirely new papers have been added and others re-written and all of them revised. A very complete work. Sold by subscription only.

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MESSRS. BOERICKE & TAFEL have in press:

*The Porcelain Painter's Son*, by Dr. S. A. Jones, of the famous *Grounds of a Homœopath's Faith* fame. It is a charming bit of truly homœopathic literature and it ought to be very popular with all classes.

*Repertory of the Urinary Organs*, by A. R. Morgan, M. D., of Waterbury, Conn. A very useful repertory that will fill a gap in our list.

*Characteristics or Individualities of Some of Our Leading Remedies of the Materia Medica*, by H. C. Allen, M. D., the well-known homœopathic writer and teacher. This promises to be a very popular, primary work, giving the keynotes of the various remedies.

Also, the previously announced works, *History of Hahnemann College*, by T. L. Bradford, M. D., a work of over 900 pages with many illustrations. It will be ready for delivery about the 15th of October.

Also Nash's *Leaders in Homœopathic Therapeutics*, one of the most readable and unconventional works that has appeared since Jahr's *Forty Years' Practice*. It is hoped to have this out by the

end of October, and every one ought to secure a copy for it will help every practicing physician, even though he may not believe in all of Dr. Nash's claims for what can be done with the truly "indicated remedy."

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Mr. Saunders, medical publisher of Philadelphia, announces as soon ready for delivery the following books:

Vierordt's *Medical Diagnosis*.

Griffith's *Care of the Baby*, 2d edition.

Butler's *Materia Medica and Therapeutics*.

Slengel's *Text-Book of Pathology*.

Hirst's *Text-Book of Obstetrics*.

De Schweinitz and Randall's *American Text-Book of Diseases of Eye, Ear, Nose and Throat*.

Church and Peterson's *Mental and Nervous Diseases*.

*The American Pocket Medical Dictionary*.

And also a continuation of the series of *Hand Atlases* of the various diseases.

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PIONEERS OF HOMŒOPATHY.—Dr. Bradford has very fitly and most successfully followed up his biography of Hahnemann by bringing together all the information that is to be obtained concerning those who shared his labors and who must share his glory; and those who took up his work and spread his doctrines and his practice all over the world. *The Pioneers of Homœopathy* is indeed a Book of Heroes; and reading the records of what these men went through, whilst filling us with admiration for their achievements and endurance, is also sufficient to raise a blush that with our easier times and increased facilities we do not accomplish more. Dr. Bradford has done a notable service not merely to Homœopathy, but to medical history in collecting these fascinating records from many journals and other sources inaccessible to the great majority of readers; and in years to come, when the great truth for which one and all laboured has been acknowledged, as it must eventually be, it will be to Dr. Bradford's pages that the medical world will turn for the full elucidation of the rise and progress of the greatest reform in therapeutics the world has yet seen. But Dr. Bradford and his publishers must not be allowed to wait for posthumous honors

to crown their work. The homœopathic world is already vast and constantly extending. This work of Dr. Bradford's is one which should be in the library of every homœopathic practitioner, and also of every lay homœopath who has a soul capable of being stirred by the stories of great deeds.—*Homœopathic World*.

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**A Text-Book of Gynæcology.** By James C. Wood, A. M., M. D.

A work of one thousand pages, of high standard, uniformly maintained throughout, is a great undertaking. This Dr. Wood has done and done well in his excellent *Text-Book of Gynæcology*. The second edition of this popular work has been thoroughly revised; so much so that it is practically a new work. One of the most striking and very excellent features of the book is the number of illustrative cases given in lieu of statistical tables. It enhances greatly the clinical value of the work, and will be appreciated by all interested readers of gynæcology. Another feature greatly to be commended are the valuable indications given for the use of homœopathic remedies. The subject-matter is handled in a masterly manner, and it is especially adapted to the requirements of the student, practitioner and specialist alike.

The illustrations are prodigal, but none the less valuable. Taken all in all, it is unquestionably the best *Text Book of Gynæcology* on the market. Boericke & Tafel are to be congratulated on this handsome specimen of book-making.—*Hahnemannian Monthly*.

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**Organ Diseases of Women.** By J. Compton Burnett, M. D.

This is another of those inimitable brochures of Dr. Burnett. This together with his "Ringworm," his "Gold as a Remedy in Diseases," his "Fifty Reasons for Being a Homœopath," his "Delicate, Backward, Puny and Stunted Children," together with his "Ecce Medicus," etc., etc., form a library all to themselves from which much may be learned. There is no sound of uncertainty about the writings of Dr. Burnett. He is certain; in fact, his positiveness sometimes becomes dogmatism. However, the writing of such men is always interesting. The book under consideration is not only interesting, but well worth con-

sultation in cases resembling those depicted by the author. It is well worth its price, and no homœopathic practitioner should be without a copy.—*Southern Journal of Homœopathy*.

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**BELL ON DIARRHŒA.**—Bell's "Therapeutics of Diarrhœa," in 1869, was received with such unstinted praise and proved of such value to the homœopathic prescriber, that successive editions of the work were not only readily sold, but became the pattern of similar monographs treating upon the therapeutics of other diseases. The new (fourth) edition presents no new features, but has all the old excellencies. As the author well states in the preface, "Homœopathy is not making that kind of 'progress' that renders a whole medical library obsolete every ten years, but instead of that is all the time laying up in its storehouse treasures new and old."

It is useless to enlarge upon the practical value of this monograph. Almost everybody knows all about it and owns a copy; those who have not seen or used it had best send at once for a copy of it.—*Pacific Coast Journal of Homœopathy*.

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A NEW edition of Hawke's *Characteristics*, the fourth is out. The full title of the book is:

*Characteristic Indications of Prominent Remedies for the Use of Students of Materia Medica and Therapeutics by W. J. Hawkes, M. D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College, Chicago. Fourth Edition, Revised and Enlarged.*

This edition, thoroughly revised and enlarged, bears the author's name on the title page as publisher, but the sale of it will be controlled by Messrs. Boericke & Tafel. The book is so well known that it hardly needs description here; for a primary student in Materia Medica there is probably no better work. It is essentially a note book having the right hand page printed with the fully accepted characteristics of each remedy and the left hand page blank for notes.

The book contains 143 pages and sells for \$1.00 per copy. Postage .05 cents.

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ALL of Hahnemann's writings in Homœopathy are now in print excepting the "Lesser Writings," and some day, if the profession is willing, that book, too, will be brought out.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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THE following from *Hom. Monatblätter*, June, 1898, by the late Dr. Bruchner, is worth noting:

“ Dr. Sprenger reports in an American Homœopathic Journal that for a long time he had no confidence in the provings of *Lachesis*, but he has lately found out that in blood-poisoning *Lachesis* is absolutely the first remedy! It is adapted to gangrene. Since I have seen the action of *Lachesis* in scarlatina, this disease has lost all terrors for me. I have never been able to do with other remedies what I have done with *Lachesis*. Therefore in any cases of scarlatina which look at all serious, I always give *Lachesis* dissolved in water, when necessary every half hour. In 24 hours the patient is quiet, the fever decreases, the eruption assumes a lighter color and the recovery proceeds rapidly. During the last 15 years I have given *Lachesis* in every case of scarlatina as a prophylactic to make the disintegration of blood impossible, and during all this time I have not lost a single case of scarlatina, all the cases running a mild course. The remedy I here recommend is not a new one, but at this time, when every day sees new magical remedies arise to swindle the people, and when they are exalted into the heavens, it is useful to be again reminded of our old reliable remedies, which are, so to say, our sheet anchor.”

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By a communication from the Burgomaster of Meissen, dated May 18th, 1895, the Homœopathic Central Society of Germany had received the promise that in the case the birth-house of our venerable Master Hahnemann should be taken down an opportunity should be given *at any time* to put up again the bust of

Hahnemann in an appropriate part of the building erected in its place or in some other appropriate place in the city. We are glad to read in a late number of the "Leipziger Tageblatt," under the heading of "Meissen," the following item, which will no doubt be of interest to the representatives and adherents of Homœopathy: Meissen, July 22. In the newly built house of Restaurateur Klesberg, on Hahnemann Square, which has been erected on the place where Hahnemann was born, the old memorial tablet in honor of the founder of Homœopathy has been again put up. At the request of a citizen of Meissen, the Councillor of Commerce, Dr. Willmar Schwabe, in Leipzig, has kindly offered to place there another bust of our renowned townsman, and one made of a nobler material than the preceding one.

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"I REQUESTED Dr. Schwabe's Central Pharmacy in Leipzig eight weeks ago to send me some extract of *Hamamelis*, as it had been recommended to me in hæmorrhage from the kidneys. This hæmorrhage was afflicting my father, then 63 years of age, having been caused by renal gravel, and had already lasted ten weeks. In vain three physicians had given him the most careful treatment; the hæmorrhages could not be stopped, so that my father had become very weak. A teaspoonful of *Hamamelis* extract taken internally five times in one day checked the hæmorrhage, so that we were almost struck dumb at this effect. And this splendid effect was permanent; my father has fully recovered during the past two months; his urine is quite free from blood or albumen. Be so kind as to publish this cure as many—even physicians—may be benefited by a knowledge of this remedy."—*Paul Ruckert in Sch. Voksarzt, No. 8, 1898.*

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DR. O. E. MADDOX, secretary, sends us the programme of the Marion County Homœopathic Medical Society (Indianapolis, Ind.) for season of 1898-'99. He writes "We are always pleased to learn of the progress of others through the journals and take this occasion to advise them of our plans." All such brief notices and the papers are welcome to the RECORDER's pages. The programme of the Marion county men promises to be interesting.



OH, men and women, followers of Hahnemann; you have learned the old and veritable Homœopathy as your preceptors got it from men who sat very near the feet of the Master, will you make no effort to save the Homœopathy of your Fathers? Will you sit idly by while many of the modern hermaphroditic colleges thrust Homœopathy from their boards or dally with it as an antiquated notion, hanging the hat the while to catch every new breeze in chemistry and microscopy? Will you not examine the school before you send your son or your daughter or student to be ruined for life—because he will return to you neither homœopath nor allopath? Strike at the faculty of your schools and there will soon be no longer much need for this insistent clamor of a Revision of the Homœopathic Materia Medica. Let the Boards of Visitors, and Boards of Censors lay aside their tinsel crowns for the nonce and really visit and examine the schools and tell the profession if Homœopathy is being taught, or whether it is simply read off in a few deadly, monotonous materia medica lectures of a generation's mildewing. That is not Homœopathy! That is allopathy diluted! Grind that into your souls, gentlemen of the modern homœopathic college. The time is at hand for a change. Homœopathy is or it is not. If it is, then let it appear in all its pristine glory. If it is not, why, look you, take the silly thing out of the title, and let us call ourselves Eclectics, with no intended offense to the Eclectics."—*American Homœopathist*, Sept. 15, 1898.

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## TO THE HOMŒOPATHIC PROFESSION AND THE PATRONS OF HOMŒOPATHY OF THE UNITED STATES.

PHILADELPHIA, Sept. 16, 1898.

The last International Homœopathic Medical Congress, held in London in 1896, decided to erect a memorial tablet or statue over the remains of the late Dr. Samuel Hahnemann, and accordingly appointed a commission of five to solicit and collect funds for the same.

As the American representative of the Commission appointed by that Congress, I hereby solicit such voluntary offerings as you desire to contribute toward this object, in memory of the illustrious founder of Homœopathy.

The funds are now being contributed, and I would be glad to have all who feel inclined to aid in this matter send in their subscriptions at an early day, either to me, or direct to the Secretary, Dr. Francois Cartier, 18 Rue Vignon, Paris, France.

The adornment of the tomb will depend on the amount of cash received, and the Commission desires to proceed at once

with the work in order that it may be finished before the session of the next Homœopathic Medical Congress in Paris in 1900.

Fraternally and sincerely yours,

BUSHROD W. JAMES.

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THE *California Medical Journal* says: The bacteriological theory offers the only tangible explanation of the cause of the specific infectious diseases that has ever been presented, and it is a pity if the entire structure be a fad. That it has been pursued into the field of delusion and folly there is no denying, but there ought to be some truth in it, after all. It gives the subject a very black eye, however, when one who has taught it for ten years declares that it is all a fad.

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THE man who nightly puts his head in the yawning lion's month is reasonably sure that it will not be bitten off, yet he must always experience a slight trepidation. Similary must those who inject antitoxin into children—if they read the medical journals. Dr. R. Abrahams (*Med. Record.*) contributes his experience with this tricky and dangerous stuff as follows:

F—, six years old, developed tonsillar diphtheria on a Friday. Saturday, at about five o'clock in the morning, I was called because croup appeared. The child was examined; diphtheritic membrane was found covering the tonsils. Although the child was decidedly croupy, the breathing was far from alarming. Temperature, 102 degs. F., with a pulse in proportion. At half-past six o'clock I injected between the shoulder blades fifteen hundredth of a cubic centimetre of the antitoxin of the New York board of health. The reaction was marked by a rise of temperature of one degree; otherwise the child fell asleep, as most of them do after serum treatment. At eleven o'clock the temperature was the same, but there was evidence of improvement in the breathing and the cough. Nourishment was taken without protest. At one o'clock the report was still more gratifying. At two o'clock the child suddenly began to gasp for air and became very blue, with cold extremities, poor pulse, and profuse cold perspiration. This alarming condition lasted but ten minutes. Then the child began to breathe quietly, pulse weak, and temperature sub-normal. A slow but gradual paralysis of the limbs and reflexes set in, and by five o'clock, in spite of the most vigorous treatment, the child died in a condition of total collapse and paralysis. The most curious feature of this case was that the quiet though slow breathing was preserved until the last moment, and, were it not for the ghastly appearance of the face, one could not by mere inspection tell the approach of death. There is no doubt in my mind, and in that of another physician whom I showed the case, that the antitoxin was responsible for the speedy and fatal termination.

Better stick to the homœopathic remedy, especially as it shows *far* better results than antitoxin at its best and *never* kills the patient.

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QUOTE the *New York Medical Times*:

"Koch says the native Africans never have malaria, and their exemption is due to hereditary immunity, but when he says persons who have suffered from an attack of malarial fever and have recovered without quinine have acquired immunity he evidently does not know what he is talking about."

The latter part of this is beginning to be a rather self-evident fact, but that persons can recover from malaria without routine quinine is also almost a self-evident fact. Quinine is probably prescribed by physicians or taken without prescriptions five hundred times to once when it is really indicated.

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THE following by Dr. H. A. Hare, of Philadelphia, clipped from a paper printed in *Dominion Medical Monthly* of September, must give pause to the cock-sure on appendicitis either way:

I have recently published in the *Medical News* some interesting cases of apendicitis which show how one may be harassed by conflicting experiences. In one case I implored, besought, pleaded and insisted that a young fellow with a history of nine attacks in six months should have an operation. He had an immense mass of inflammatory material about his appendix. He finally consented. One of the most eminent surgeons living operated. Stercoraceous vomiting speedily ensued, with collapse and death. I forced this man to an early death. In another instance I advised delay, because after this experience I had lost my nerve, for it came to my hands a few days after. Death met me again. Another case had a sharp attack of pain, with every classical sign of the disease. A surgeon said operate. The weather was excessively hot, the patient a feeble woman of fifty, and I felt sure the operation would kill her. I called a medical consultant who agreed with me. No operation was done, and the patient is now well and has had no attack since. I could go on with such cases indefinitely and reach no clearer ideas as to the subject.

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ACCORDING to the *Dietetic and Hygienic Gazette* for August, Dr. Ussery recommends bananas as an excellent food for typhoid patients, inasmuch as the banana, though a solid food for all practical purposes, containing, as it does, some ninety-five per cent. of nutritive matter, does not possess sufficient waste to irritate the ulcerated mucous membrane. Nearly the whole amount taken into the stomach is absorbed.

# PERSONAL.

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Will not those who know all about antitoxin tell us what they mean when they say its "strength" varies? In what does its strength consist?

You are right, John Henry, it is better to prescribe *Sac. lac.* in material doses.

Dr. J. L. Miller says that the bacilli of smegma may be controlled "by cleansing the external meatus." Live and learn!

Some of our old school exchanges are talking about the "over production of doctors," just as though they were a factory output.

"Homœopathy is the winning horse in the medical derby," says Burnett.

There are other horses more showy and that prance more, but Homœopathy can distance them all when they get down to business.

Can, and will, any reader send us brief particulars of any good location for a homœopathic physician?

Charles Leslie Rumsey, M. D., has removed from 819 to 812 Park avenue, Baltimore, Md.

Dr. J. S. Barnard has established a sanatorium at 2112 N. Charles street, Baltimore, Md., for surgical and chronic medical cases.

Dr. D. F. Shipley has opened a private sanitarium at Westminster, Md.

J. O. Hendrix, M. D., physician and surgeon at Frederick, Md.

A. Marie Arringdale, M. D., has located at 2315 N. Charles street, Baltimore, Md.

A new edition of Hawke's *Characteristics* is out. Boericke & Tafel control the sale of it. Good book and well known. First edition, B. & T., 1882.

Lay your plans for the next institute meeting, Atlantic City, the American seaside metropolis, and stay the full time.

"It is so much easier to cut than to cure!"—*Kraft*.

The buyer always pay a big price for *cheap* tablets, triturations and tinctures—but he doesn't know it.

Every one gets "results" from the *cheap* medicines—the patient gets well or dies or goes to another doctor.

The soap maker ought to do the clean thing every time.

How to have a beautiful complexion: Be born with one.

W. Smith, M. D., D. O., Osteopath, has sued the *Medical Age* for \$25,000 damages.

Beware of the Osteopath, ye editors.

There are two hundred unlicensed doctors in the Klondike region; why does not the examining boards put a stop to this outrage?

An exchange gravely asks, "Are brains unnecessary?" It seems so.

"We live by a process of combustion," writes another, quite as solemnly.

# THE HOMŒOPATHIC RECORDER.

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## FERRUM PICRICUM IN WARTY GROWTHS.

By Robert T. Cooper, M. A., M. D., London.

In your HOMŒOPATHIC RECORDER for August you give an article by A. W. Holcombe, from the *Medical Advance*, which begins thus: "Some years ago I saw in one of our journals (name forgotten now) an article in which *Ferrum picricum* was recommended for warts."

As, however, I have the honor to have been the first to point out this very valuable and interesting feature of the action of *Ferrum picricum*, and as I have written several more or less lengthy paragraphs on the subject during the last fourteen years, I hope you will allow me to add a word or two.

In 1884 I read a paper before the Homœopathic Congress on the Hiterick Natural Mineral Water and some of the newer artificial preparations of iron, in which reference is made to the *Ferrum picricum*; in a paper read at the 1881 Congress I refer to the action of *Picric acid*, and in a paper read at the Congress of 1896 I specially refer to the action on warts of *Ferrum picricum*.

In the *Homœopathic World*, June 1st, 1887, and in the January number, 1888, I also referred to its applicability to epithelial growths, and, besides, if memory serves aright, when permitted to write for the *Monthly Homœopathic Review*—an honor from which I am now deprived—I made more than one reference to the same subject.

So that I really begin to look upon *Ferrum picricum* and its action upon warts as a child of my own. And not an illegitimate one, either, seeing that it was revealed to me by the holy ceremony of a proving, the pathogenesis consisting of the feeling as though a wart were growing upon the thumb of a patient.

When there are *many* warts on the hands it seems never to fail, but on one occasion I thought it had.

During the spring of 1897 I treated our housemaid, a girl of some 25 summers, for a crowd of warts on both hands; *Ferr. picr.* 3d dec. was given in repeated doses, then *Calcarea carb.* 200 and 30, then *Thuj. Occid.* locally and internally, but to no purpose. I then, after about three months' treatment, gave *Ferrum picr.* 2x instead of the 3d, but still no change. The girl then went away for her holiday, and on her return she showed me triumphantly her hands—the warts had all gone! “Yes,” said I, “and the corns on your feet, if you had any, are gone, and you are feeling stronger,” to both of which she gleefully replied in the affirmative. The fact was that for some unaccountable reason the influence of the *Ferrum picricum* did not tell until she left it off, which she had done during the holiday, having neglected to take the bottle with her. I mention this, as with less confidence in this remedy one might be inclined not to give it a full trial. But it is in lupoid warts, pure and simple, that I anticipate a great future for it.

In my “*Serious Diseases Saved from Operation*”\* is a grand case of lupoid growth taking the form of a large wart on the face that turned black and finally disappeared altogether under *Ferrum picricum*.

30a George Street, Hanover Square, London.

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## OLIGODYNAMIC PHENOMENA IN LIVING CELLS.

By Carl Von Nageli, of Switzerland.

Reported by W. P. Wesselhoeft, M. D., Boston, Mass.†

Charles Darwin astonished the scientific world in 1875 by the publication of experiments made upon insectivorous plants, in which he showed by repeated experiments (the results of which he himself was forced to acknowledge almost against his will) that the absorption of less than one thirty-millionth of a grain of phosphate of ammonia had the power of carrying a motor impulse to the tentacle of the *Drosera rotundifolia*, exciting a movement of 180 degrees. Darwin expresses his wonder at the action of such minute quantities “in organisms devoid of a nervous system.”

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London: John Bale & Sons. 1887.

†From Transactions of the I. H. A., reprinted with permission of author.

Since then another scientist has arisen in Europe whose experiments with so called insoluble substances have convinced him, and a number of pupils, that a *new force* must be invoked to explain the deadly, and sickmaking, action of metals on lower animal and vegetable organisms.

Carl von Nageli called this new force, *Oligodynamis*, by which he wished to express the action of minutest particles of metals in aqueous solutions beyond the power of chemistry to establish.

In his studies he established the fact that the action of these metallic solutions on *Spirogyra* differed from chemical poisonings, not only in degree, but in the kind and manner of their action.

His experiments were begun in 1881 and continued with some interruptions till his death, in 1892. Among his posthumous papers the one I am now discussing was found nearly ready for publication. This patient labor reminds us strongly of Hahnemann's work, who, with a few followers, experimented for nearly twenty years before he published his discoveries in the *Organon of the Healing Art*.

Nageli's experiments had their origin in the revelation, that water drawn from a brass faucet, or water distilled in copper vessels, had a fatal effect upon *Spirogyra*. He then began to "potentize" this water, *i. e.*, reduce the amount of poison. He distilled one liter of water in glass retorts, suspended four clean copper coins in this water during four days, and found that this solution killed his plants in a few minutes. When this water was poured away, the glass rinsed and washed carefully, and again refilled with neutral water, the *Spirogyra* also died in a very short time. If, however, the glass was washed out with diluted nitric acid, and refilled with fresh neutral water, the plants flourished and remained healthy. This proved, conclusively, that a *copper force* was imparted to water from the walls of the glass vessel. Rinsing, washing, brushing, and even boiling had little effect upon the glass; not till a mineral acid had been used did the glass vessel lose its oligodynamic properties.

Again he found that this oligodynamic water poured into a new, clean glass vessel transferred its poisonous properties to the walls of the glass, and in turn was again able to medicate neutral distilled water.

He says: "Glasses with oligodynamic aftereffects (*nachwirkung*), lose their power very slowly after being repeatedly refilled with neutral water, which is allowed to stand in them for a while, and somewhat more rapidly if they are boiled in neutral water."



These experiments were frequently repeated, and with many variations, with precisely the same results. The facts were irrevocably established.

It now became a duty to endeavor to explain these facts. It seemed impossible to Nageli's mind that this force could originate from a soluble combination. How could it be possible that such an incredibly minute quantity of almost insoluble metals should have such deadly effects upon living cells? How could it be possible for even a *soluble* substance, which adhered to the surface of a glass, to have such potency in its aftereffects (*nachwirkung*) which had been repeatedly washed out, rinsed and boiled, and still be able to transfer to neutral water, for weeks, its death-dealing qualities?

Nageli further records an attempt to ascertain the amount of copper dissolved by suspending twelve small copper coins in twelve quarts of neutral water during four days. These twelve quarts were slowly evaporated and the minute residue, supposed to be hydroxyd of copper, was found to be in the proportion of one part of copper to nearly one hundred million of water.

Therefore this solution of 1: 100,000,000 was capable of transferring its medicinal qualities through a series of glasses, each of which had been washed, rinsed, and each glass retained its power to transfer oligodynamic copper properties.

Nageli also demonstrated the difference between chemical poisoning and the action of oligodynamic water upon *Spirogyra*, observing the symptoms of the plant while under the influence of copper solutions in which no copper could be chemically demonstrated.

He says: "There is not the least doubt that the stronger concentrated solutions of copper have a chemical poisoning effect, while those of the weaker solutions have a sickmaking effect" (before they kill).

He considers the chemically poisonous effects to lie from the proportions of one part of copper to one thousand up to one part of copper to ten thousand of water. The oligodynamic effects lie between one part of copper to 100,000,000 up to one part of copper to 1,000 million of water.

The discoveries of Nageli are exciting much interest among scientists in this field of observation. It is very singular and significant, however, that the experimenters, so far as I know, have confined their observations only to the first solutions of

copper one 100,000,000 and have nothing to say about the transference of oligodynamis to vessels in which this solution has stood.

Thus F. S. Locke (*Journal of Physiology*, 1895) says: "A piece of bright sheet copper  $4.5 \times 1.5$  c.m. placed in 200 c.c. of water distilled in glass produced complete disintegration of the tubifex in less than twenty hours. Under exactly the same circumstances in a parallel experiment, three tadpoles lived only nine hours. The marked influence of contact of distilled water with copper, either as such or in brass, amply explains the destructive 'aqua destillata,' and points to the advisability of avoidance of all contact with this metal of water to be used in physiological experiments. The result points to Spirogyra being more obnoxious to traces of copper than tubifex, for a water containing one part of copper to 77,000,000 of water kills the plant in one minute at most."

Here you will observe no mention is made of experiments with *contact potencies* mentioned by Nageli, who declares he found poisonous (or sickmaking) effects in solutions which he calculated in proportions of one part to 1,000,000,000.

O. Israel and Th. Klingmann (*Virchow's Archiv.*, cxlvii, page 293) say in their experiments corroborating Nageli's observations:

"We used metal foils which are more easily cleansed and measured, and extended our experiments not only to different species of Spirogyra, but also to bacteria (typhus, cholera, etc). Those experiments proved that infinitesimal quantities of metallic salts absorbed by water produce most marked disturbances in the life of lower organisms. The dissolved quantities are so extremely insignificant that they can be demonstrated chemically only by evaporating vast quantities of the solution, and every drop of this infinitesimal solution is capable of producing injury."

Then they try to prove that this action nevertheless must be chemical, but they experimented only with the first solution of 1:77,000,000 and mention nothing of experiments made with contact potencies which Nageli lays so much stress upon and which cannot be demonstrated by any quantity of zeros behind the unit. How would it be possible to demonstrate the amount of copper molecules or atoms contained in a vial in which a solution of 1:77,000,000 had stood for a while, then this vial care-

fully cleansed by washing and wiping and refilled with neutral water? Still this contact made the second (yes, even third and fourth) solution injurious to the plant. I think Israel and Klingmann would have found some difficulty in demonstrating the presence of copper in such proportions by chemistry.

It is the old story repeated, and Hahnemann's words should ring in our ears: "*Machts nach, aber machts genau nach.*"

This subject is evidently interesting a number of scientists at the present time, and I hope to be able to add more observations, which may have accumulated, at our next meeting.

It seems that "science" is gradually advancing to our principle and doctrine in recognizing forces and energies inherent in substances which cannot be grasped by the hand, seen by the eye, measured by rule, or weighed in scales, forces inherent in matter made potential by trituration and potentizing.

I am well aware that these solutions have little in common with our high and highest potencies except this one fact, viz., to account for the potency of such a division of matter, Nageli was obliged to invoke a new force in order to explain the energy of these solutions. His experiments were confined to a low order of plants, organisms devoid of a nervous system. Hahnemann discovered this infinitesimal power of insoluble substance while observing organisms *not* devoid of a nervous system, and carried his potencies up to the 30th centesimal, and even higher. Still more wonderful was his discovery that substances, which in their crude state do not evince the least medicinal effect upon the human body, become potential by dynamization.

Nageli has called this new force, "Oligodynamis," which, translated, means "minute power," or "power of the minute." Hahnemann more than eighty years ago wrote, pp. 269, *Organon*: "The homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and to a degree previously unheard of, by means of a peculiar and hitherto untried process. By this process it is that they become penetrating, operative, and remedial, *even those substances that in a natural or crude state* betray not the least medicinal power upon the human system" Nageli calls this force by one name, Hahnemann by another; they both were on a similar scent. Hahnemann called it medicinal force (arzneicraft), *because it can be observed only in its action upon living organisms, but not by chemical, physical or microscopical test.*

Let me quote a few words from a paper by Dr. B. Fincke, which I think is in point:

“ Infinitesimal is that quantity which is so minute as to be unassignable. It is, nevertheless, something which has a reality, though it escapes our observation. \* \* \* There is an inexhaustible supply of infinitesimals in nature which the human understanding will never be able to use up in its endeavor to peep behind its mysteries. Thus it is that an essential contradiction prevails in the claims of mathematics for infinitesimals, and in the repulsion which they receive at the hands of physicists and chemists in their opposition to Homœopathy, though they themselves seem to have great need of it, as the artificial atomic and molecular hypothesis proves, which is built up to fill the void felt by their branches of science. \* \* \* As soon as the infinitesimal can be assigned, as the greatest mathematicians of this age have calculated the hypothetical atom, it loses the quality of infinitesimality. It becomes a mere minutule, \* \* \* but the thus assigned and calculated minutule, be it ever so small, its very determination points to still smaller entities which escape, as yet, alike observation and calculation and recede into the depths of infinitesimality, though we *have* an idea of their existence. \* \* \* By the progress of science, our observation discovers new *values*. \* \* \* The most familiar instances in physics and chemistry are the discoveries of new substances by the spectroscope which had escaped the so far known instruments of research, and the radiant condition which matter seems to assume under the influence of electricity in a most attenuated state.”

“ Crookes carried the rarification of air to  $\frac{1}{20000000}$  of an atmosphere, which therefore compares to a little more than the third homœopathic potency. By Bunsen’s spectroscope matter can be seen as far as the ninth or tenth centesimal potency. This is all that physicial science so far has accomplished in gaining minitular values from the world of infinitesimals. Why should Hahnemann and the homœopathicians be so bitterly assailed, who by their process of potentiation of substances, and by the application of preparations thus obtained upon the human organism in health and disease, have succeeded in showing values which far exceed the wonderful feats of modern science? \* \* \* It is, therefore, a great injustice that not only physicists but also members of the homœopathic profession ridicule

the Hahnemannian infinitesimals and try to persuade the people that advocates of such ridiculous remedies deserve no credit or confidence, \* \* \* and yet the reproach that homœopaths were dealing in infinitesimals was not even a valid one, because the remedies being assigned and determined by their (crude) medicinal action lost the characteristics of infinitesimality.

In 1880, our colleague, Dr. Buchmann, in Alvensleben, Germany, carefully cleansed fifteen ten-mark gold pieces, placed them in a glass vessel, carefully avoiding any friction. Then fifty grammes of distilled water were poured into the vessel and allowed to stand for half an hour. He proved his solution on himself and on a lady, who was especially sensitive to the influence of metals. He records fifty symptoms observed, which correspond almost exactly to the symptoms of Hahnemann's collection in the pathogenesis of *Aurum metallicum*. The dose taken by each prover was one spoonful of the solution. He desired to show that gold was soluble in water, even after having been exposed a very short time. Dr. Buchmann's experiment preceded Nageli by one year. Buchmann knew before his experiment was made that metals were soluble from his knowledge of the action of high potencies, and this has been known by him and many others for over half a century.

Prof. Nageli's experiments are recorded in the *Neue Denkschriften allegem. Schweiz. Gesellschaft*, Vol. XXXIII., Part I., 1893, published in Zurich.

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## NOTES AND COMMENTS.

By Professor T. C. Duncan, Chicago.

### About Ferrum Phosphoricum in Pneumonia.

I have been trying to find out why, when *Ferrum* is added to *Phosphorus*, that they should be promoted to the front rank (first stage) in pneumonia. Has these two combined drugs the chill, the high fever, the pain, the anorexia, the flushed besotted face, delirium, and full bounding pulse of the first stage of pneumonia, with its *dry* cough? That is the dictum of Schüssler, who throws Similia to the winds and makes it a rival of *Aconite* in the onset of pneumonia. We admire the "gall," as the boys would say, of making a claim for a remedy that it is not entitled

to! The abridged therapy proves to be "short clothes" unless it can have a fever drug. The problem is attempted to be solved by *Ferrum Phosphorica*. If it cannot meet the fever of the first stage of pneumonia it cannot supplant *Aconite* or *Veratrum viride*, in fine, is not a fever drug. I have read with deep interest most of the cases reported showing this double ender in action. The interesting case on page 400 does not support Schüssler's claim. Let us review that case. "Man æt. 74, a smoker and drinker," (should have a hypertrophied, dilated, fatty heart as well as "gastric catarrh"). Was "seized with respiratory troubles and cramp of the bladder" Just what form of chest trouble we are not informed. "He went to bed, and on examination showed an arhythmic (intermittent) pulse, little red urine, a dry cough and total anorexia." Loss of appetite, I tell the students is diagnostic of pneumonia. (In bronchitis the appetite remains.) In this case at this stage no record is given of the temperature or appearance of the patient. The dry cough and the other acute symptoms would suggest *Bryonia*. The cramp of the bladder finds a remedy in *Aconite*. The remedies given, singular to say, were *Aurum t.* and *Terebinthina*, and *Digitalis*. The bladder and pulse received the most attention, and we are not surprised that these remedies, not indicated in the first or second stage of pneumonia, should have done "little or no good." On the sixth day, when resolution became established, we read that "the cough became more troublesome, the pulse still more irregular, and the respiration assumed the Cheyne-Stokes form. In the lungs on both sides there was dullness, a light delirium during temporary somnolence, heat and congestion to the head, the urine scanty, turbid, albuminous." Had *Aconite* been given and *Bryonia* when indicated it is doubtful if "these symptoms which threatened an imminent catastrophe" would have appeared. Now the attending physician thought of *Ferrum phos.* *Phosphorus* was indicated at this stage, and we are not surprised that "the storm was allayed and the patient slept quietly for several hours. The pulse was regular, although still accelerated, the urine was discharged in greater abundance, the respiration became much freer." The crisis had come that usually appears at the eight or ninth day, and the patient recovered.

This case is supposed "to confirm a certain analogy of *Ferrum phos.* with *Aconite*, although it shows a more *passive* character

in the phenomena of congestions, especially in the lungs." That is true.

The translator correctly drawn the conclusion "that the action of *Ferrum phos.* is not, as stated by Schüssler, limited to the first stage of pneumonia." If we draw any conclusion from the study of this drug, it is that its good effect should be limited to the *third* stage of pneumonia. As Farrington states: "It acts on the bloodvessels, producing a state of semi-paralysis, causing them to dilate as in the *second* stage of inflammation." It is but indicated in the state of active congestion. *Phosphorus* corresponds to the type of pneumonia following bronchitis (broncho-pneumonia.)

### Some Singular Phytolacca Effects.

There are some recorded *Phytolacca* effects that seem foreign to the drug, still who will dispute their value? It is a question whether they are primary or secondary effects.

#### Mental.

We can believe that this lazy drug will produce "great indifference" (like *Phos. acid.*). "Indisposition to mental exertion;" "disgust for business of day on waking early in morning" which will lead to "melancholy and gloom" with "indifference to life." But it seems foreign to this drug to read of "complete shamelessness and indifference to exposure of her person." It does not seem that shamelessness is the proper term, but should be rather careless indifference. Still that may be its primary effect, for it has produced doubtless as secondary effect "complete loss of sexual power for weeks," "impotence." It produces "too early and profuse menses," like the alkaline potash and lime. *Calcareo* has no lasciviousness, but intense melancholia with some sexual desire. Both have enlarged breasts. Well-developed breasts and passion go together if the cardiac action is also strong. We will turn over the solution of that mental problem of *Phytolacca* to the nerve men and take a look at a peculiar heart symptom.

#### Heart.

II. There is a cardiac problem to solve quite as difficult. We read: "Shocks of pain in cardiac region; angina pectoris, *pain goes into the right arm.*" Why? Who can explain that? We read on "awakens with lameness near the heart (side not



stated), worse during inspiration, cannot go to sleep;" that is evidently myalgia and hypertrophy.

With this lazy drug we can understand why the "heart's action is weak, with constipation," "pulse small, irregular, with great excitement in chest, especially in cardiac region;" "pulse full, but soft." To understand those symptoms we go to the respiration, back or head. Under respiration we read: "Respiration difficult, oppressed; loud mucous râles;" "constant moaning and gasping for air." That is a local stenosis noticed in diphtheria. "Faint with sighing, slow breath," doubtless due to the cerebral effects of *Phytolacca*. We read that in addition to the mental weakness it has "vertigo with danger of falling; with dim vision when rising from the bed, feels faint; staggering." "Sick headache, worse in forehead with backache; comes every week." That does not afford much information, so we will go to the back, where we find "convulsive action of muscles of face and neck" (tetanus), "stiff neck," "rheumatism in lumbar muscles." "Pain streaking up and down the spine." Is that nervous or muscular? "Both scapulæ ache continually." "Shooting pain in right shoulder joint, with stiffness and inability to raise the arm." Now if we connect the chest pain attending the angina with this arm ache we can understand the peculiar cardiac symptom quoted above. It is undoubtedly myalgic, and differs from that of *Aconite*, *Kalmia*, *Rhus*, *Cactus*, etc., where the anginose pain seems transmitted down along the bloodvessels of the left arm.

III. How and why *Phytolacca* involves the glands of neck or mammæ is also an interesting problem to study. Doubtless through its primary action; but that is a problem for gynecologists.

I think that the *modus operandi* of drug action is the most attractive field yet unexplored. What study more profitable?

### Some Antidotes.

On p. 407 we read in an article on "Homœopathic Antidotes in Cases of Poisoning" that "the chief enemy of *Mercury* is *Iodine* and various preparations of *Sulphur*."

When we give *Merc. iod.* or *Merc. jod.* are we getting a dual effect or only that of *Iodine* after all?

*Cinnabar* is *Merc. sulph.*, I believe. Is it any good? Old Dr. Hering used to say that *Merc.* worked inward while *Sulphur*

worked outward. When we give a compound, are we only getting the effects of one drug, while the rest goes to the ——— druggist? Arise, ye Mat. Med. giants and explain.

D.

## TWO CASES OF INTERMITTENT FEVER CURED.

### 1. One With *Cactus Grand*.

By A. W. K. Choudhury, Calcutta, India.

Naseem, a Mahommedan boy of eight years, came to my dispensary January 23, 1898, for treatment when he had been ill about a fortnight. The characters of the case were as follows:

Type: Quotidian (till four or five days previous to his first attendance to dispensary).

Time: 11 A. M.

Prodromata, yawning, stretching.

Chill severe, *thirst*, headache, no aching of limbs, body hot.

Heat: No separate heat.

Sweat: Commences while yet under cover.

Was given *Cactus grand*. 30, one dose, to be taken immediately; advised to take *Khoi*, milk and sugar candy and ordered no bathing.

Very slight feverishness and two soft stools the same day he took the medicine. After the medicine was taken had no sweat with that paroxysm. No change of thirst, cough (which he had), tongue and spleen as before.

One whole dose was given the next day, but had slight fever that day, with chill, with no thirst and with no sweat; tongue better the third day morning. *Placebo* was given him the third day, the 25th inst., and no more fever.

He discontinued attendance—had no more fever.

This is the only case of intermittent fever I have ever treated with *Cactus grand*.

To remark on this *Cactus* case of intermittent fever, I must admit that it is a rare case, inasmuch as the case has a peculiar feature in not having the hot stage at all, sweat following chill. H. C. Allen, as I see, fails to teach us the absence of heat in his *Cactus* intermittent fever, which, on the other hand, Bönninghausen has the above symptom in his *Therapeia*. (We

get occasions to praise our older writers.) The time of accession being 11 A. M. in our present case indicates *Cact. g.*

## 2. Case With Clematis.

Patient, Woommed Ali, Mahommedan, aged about 32 years, color black, came to my dispensary for treatment of intermittent fever September, 1897, when he had been suffering since nine days back. The case was as follows: Type, quotidian, or double tertian, a pair of fever paroxysms, mild and strong alternately; 10 to 11 A. M. was the time of the last paroxysm, which was a strong one, and the previous day the mild paroxysm was about 3 P. M.; prodromata, stretching, burning of eyes and heat from eyes, chill severe with the last paroxysm; *thirst* with chill but did not drink, aching of limbs and headache during chill; no heat followed chill, but sweat commenced, while yet under cover, with no thirst, and the sweat was slight.—Apyrexia was complete.

Daily one stool; stool soft, free and with no bad smell; urine reddish, with no burning in passing; no threadworms; appetite good; insipid taste in mouth; bad smell of mouth; heaviness of head during fever.

He had to sit near a furnace to boil paddy, to which work he had not been accustomed. When he finished the work he found himself covered with sweat. To get rid of this sweating and to cool himself he soaked his *gamcha* (native for towel) in cold water and wiped away the sweat with this cold, wet towel. This wiping with the cold, wet towel did not produce the desired cooling effect on him. So our patient bathed immediately after. Tightness of head followed this bathing. The following day he got feverish heat, both internal and external, with eyes burning, but followed by no sweat. The feverishness continued with unvarying severity all along, save with an aggravation day before his attending dispensary. Uncovering producing shivering.

Though his eyes closed continually and he was very tired, he could not fall asleep all night. He felt internally as if there was a dry heat. (*Clematis*, S. 139, *Chronic Diseases* of Hahnemann.)

He was given *Clematis* 6. One dose for the first day of treatment, and *khoi* and sugar candy for diet.

No fever followed this dose; had two or three formed stools the same day he took the medicine, another stool the following morning; urine less reddish; insipid taste in mouth disappeared; good sleep following night.

Another dose was given the next day. This dose was followed by a paroxysm of fever of less duration at about 5 P. M.; dream disturbed sleep with a sensation of dust in the eyes when closed, and when open running of tears; three knotty stools; urine slightly colored; two knotty stools the next morning (the 16th inst.).

No medicine was given the 16th inst. and rice and milk were given for diet.

There was no fever after the medicine had been stopped; better sleep the following night; three stools the day medicine was stopped, and one stool the following morning (18th inst.); no lachrymation after the medicine was discontinued; appetite improved; humming in ears and a sensation of pressing on both temples as if pressed by the head of a nail on each temple.

17th inst., got placebo and diet as above, adding *Dal.* He attended dispensary two or three days more, getting only placebo, with gradual improvement of the symptoms. He recovered.

*Clematis* is one of the rare medicines for the treatment of intermittent fever, so much so that Dr. H. C. Allen deemed it not worth a place in his valuable work on *Intermittent Fever*.

### Value of Old Homœopathic Books.

Our old Bönninghausen did not fail to describe it, and in treating this case I was guided by him. The other day Boericke & Tafel were attacked by some one for having published the old Williamson's *Children Diseases* for no good, but only to remember that good old gentleman. But I, for my part, should say a word for such an old homœopathic work, and such publishers as Boericke & Tafel; our young authors sometimes leave out, carelessly, precious things from their works which very fitly claim a place and belong in them; and B. & T. should be praised as they show no hesitancy to lay out hundreds of dollars to republish such old and useful homœopathic works. We are often benefited by old homœopathic works, when the new ones fail us.

### Prescribing in Intermittents.

I usually give two doses of the selected medicine to patients with intermittent fever, one dose per diem; in rare cases aggravation follows. In the above case there was no fever after

the first dose; after the second dose, the next morning, a slight rise of temperature showed the following evening for a short while; the following night the patient had his sleep disturbed and eye symptoms as above narrated. Thinking all the above symptoms, the evening short rise of temperature, the lachrymation, and sensation of sand in the eyes when closed, to be a result of the aggravation of the medicinal effect, I stopped the medicine the following day and then continued with placebo with gradual disappearance of symptoms and gradual improvement of our patient.

What led me to select such a rare medicine of intermittent fever? The patient had *no heat, intervening chill and sweat* which indicated *Clematis* besides others; and the next symptom—*fever from taking cold, getting wet*, by bathing while sweating—again indicated *Clematis*.

#### Hahnemannian Method Illustrated.

I made an analysis of the symptoms in the following manner: *Chill, then sweat (without intervening heat)*, has the following medicines: *Ammon. m., Bry., Cact. g., Caps., Carb. an., Carb. v., Caust., Chamom., Chelid., Clematis, Diadem., Digit., Helleb., Hyos., Lyc., Merc. cor., Merc. v., Mezer., Nat. m., Nat. s., Nitrum., Nux. v., Op., Petrol., Phos., Phos. ac., Rhus tox., Sabad., Sep., Spigel., Thuja and Verat.*

*Fever from taking cold, getting wet* (by bathing in our case) *while sweating* has the following medicines: *Acon., Calc. c. Clemat., Colch., Dulc., Rhus tox., and Sepia.*

By sifting the medicines we get only three of them, namely, *Clematis, Rhus tox.* and *Sep.* in both the lists. The peculiar symptom—*though his eyes closed continually and he was very tired, he could not fall asleep all night, and he felt internally as if there was a dry heat*—found with our patient made me consult Dr. Hahnemann's *Chronic Diseases*, and found it under *Clematis* in the symptom 139. So I selected *Clematis*.

Here I ask Dr. H. C. Allen to insert *Clematis* in his next edition of the work on intermittent fever.

#### General Remarks.

Both of the above two cases were cases of intermittent fever having *chill* and then *sweat*, and no intervening heat, and yet required two different remedies which restored health. Unlike

the allopath, we have no routine treatment of intermittent fevers. An allopath brother might have treated both of the above two cases with his intermittent fever panacea—the quinine.

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## WHAT HOMŒOPATHY WOULD HAVE DONE.

By William J. Murphy, V. S., 230 W. 58th St., N. Y.

Not long ago I met a beggar in the street. I thought this poor decrepit wretch with one arm gone might be a hero, destitute.

I thought perhaps his missing arm had been shot off while in the front rank of the charge. Here might be one in dire distress who in his prime had risked his life in order that the Union might be saved. What hollow mockery is patriotism when such becomes the soldier's fate?

How did you lose your arm my good old man? said I, handing him a coin. Did you lead a cavalry charge? On which side were your efforts thrown?

Well, young man, I'll tell you, though its seldom that I speak upon the subject now. I never led a cavalry charge—I never faced the leaden hail—no cannon ball tore away my strong right arm—a surgeon took it off one day.

I used to be a handy man about a horse. Lightning Joe—everybody knew the name. I could shoe as well as any smith. A useful man—you understand.

One day a neighbor's horse took sick. They came for "Joe." I left my work, looked at the nag and quickly made a "ball." None could equal Joe "them" days in giving horses balls. Someway I let my fingers slip and the strong and massive jaws broke my arm below the elbow. All my fingers had been crushed. I hurried to a doctor, and with this result.

When I "got" well no one could use a one-armed man. I drifted here and there, from place to place. Fortune seemed against me from the start. Discouraged, I lost ambition, and with that went pride. I have no home. None are dependent on my efforts—I don't expect to struggle long—my end is near—good bye, young man, and quietly he journeyed on his way.

What a pity that this life was wrecked. This victim's fate turned me more against the art in its heroic form than any other failure I had seen.

Homœopathy never lost a man his arm. No fingers crushed or torn can be arrayed against its use. That single massive "ball" launched this man upon his downward course to poverty and want.

I never saw the art which I abandoned in this peculiar light before. I knew it was incapable—a disappointment, and in practice often unsuccessful; but I did not know that its employment made cripples of strong and hardy men nor that the dangers associated with its use brought poverty and want when honest toil should merit something more.

Other customs when they operate against the public good are held within their proper sphere by rigid laws against their use. What a blessing it would have been if to give a "ball" had been a misdemeanor when "Lightning Joe," now broken in spirit and in health, was still the vigorous, robust man he once had been. How different would have been events. If *Colocynth* or *Nux* had that day been employed we would not had a wretch, living but from day to day, but in his stead a happy home, a hardy husbandman, a loving wife and little ones to cheer the autumn of a well-spent life.

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## HOMESICKNESS.

Editor of the HOMŒOPATHIC RECORDER:

DEAR SIR: I enclose you an article from the *N. Y. Medical Journal*, Sept. 17, 1898, on "Homesickness Among Soldiers":

HOMESICKNESS AMONG SOLDIERS.—The *Corpuscle* for September quotes from the *Chicago Tribune* for August 22d the following pertinent remarks of Lieutenant-Colonel Senn, concerning the importance of keeping up free communication between soldiers on foreign service and their friends at home, which is particularly necessary where a large proportion of them are amateurs in military life. As we have repeatedly urged, a man is not necessarily a good soldier because he is a plucky and determined fighter. Soldiers are a distinct class of beings, and, sneer as we may at the idea of a military caste in other countries, it is just that military caste which gives the special qualities that are called for in a good army. For a campaign against any weighty antagonist is in its result a complex of very many details and conditions, and not merely a question of pugnacity and pluck. Colonel Senn says:

"Nostalgia (homesickness), a common affection among unseasoned troops, becomes more prevalent in proportion to the distance between home and the seat of war, as we had abundant opportunity to observe during the present war. The depressing effects of this common ailment have



a decided influence in increasing the rate of mortality of the sick and wounded and in impairing the effectiveness of the fighting line. Nostalgia is a contagious disease, not in the sense we use the word contagion ordinarily, but when once established in camp it increases rapidly by suggestion. The onset and spread of this common ailment of camp life are promoted by interruptions of the mail service, the only medium of communication between the soldier of the command and his distant home. Among the many sins of omission of those in charge of management of the present war was a glaring neglect to provide for the much-needed and anxiously-looked-for mail facilities. If those who have the management of this branch of the government service in charge could be made to understand what an occasional letter from home will do in keeping up the spirit of the citizen soldier, nostalgia would have been less prevalent and its effects less disastrous during the present campaign. From the time I left Fortress Monroe for Cuba, July 3d, until I arrived in New York from Porto Rico, August 19th, I received only two letters of the probably two hundred sent to me during this time."

This article proves clearly what terrible havoc this simple trouble is causing amongst the troops. As the article says "It has a decided influence in increasing the rate of mortality of the sick and wounded and in impairing the effectiveness of the fighting line"—and, further—"it is contagious and increases rapidly by suggestion." I suppose the only remedy offered at the onset is a dose of salts "just to start the liver," and nothing when the man is in the blues. Does this not show more clearly than ever that they need homœopaths to dispense to the soldiers? How simple these mental disorders are to the homœopaths, and how serious is seen by their own reports (*vide* Col. Senn *et alia*) it is when only combatted by Allopathy. When will our time come? You are a good, brave fighter—why not enter the lists and demand that homœopaths are attached to every regiment? We, as homœopaths, pay nearly one-third the taxes of the country and have a right to be represented, especially when it can be shown that our methods are so much more economical.

As a lay brother, I offer you this proof of the infinitesimal, and one which is in daily use by these short-sighted allopaths, and which I have never seen mentioned before. How they scoff and and sneer when Hahnemann says that a single dose of this or that will have effect for 40 days (or even 14) *and yet!* do they not claim that a single dose of vaccine virus inserted into a body will have effect and render immune (which it does not) for from 5 to 7 years? Great Scott! if a homœopath had said that he would never hear the end of it. Whilst it is clear to many of us

that the vaccine virus does *not* immune against small-pox, it is very clearly demonstrated that this palpable pus! this rottenness! does make itself horribly manifest, not only for 4 or 7 years, but often, where there is great sensibility, for a life time. *Vide* Burnett's "Vaccinosis." And I may call parents' attention to the fact that it is more serious when it appears not to take, because the organism has not had power to throw it off. Yours in the cause,

E. PETRIE HOYLE,

2321 Central Avenue, S. F.

*San Francisco, October 2, 1898.*

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**WILHELM HEINRICH SCHUESSLER, M. D., IN  
OLDENBURG.**

**By One of His Friends.**

On the 30th of March a physician whose name is frequently mentioned in Homœopathic literature entered into his eternal rest. He formerly belonged exclusively to our curative method and in times past defended it even against its bitterest opponents, as *e. g.* against the late Professor Dr. Bock, in Leipzig; but later on—it was soon after 1870—he put forward a new curative method, which holds to the form of remedies as used in Homœopathy (*i. e.*, triturations and the fluid preparations made from them), but in the choice of the remedies is not based on the provings of the remedies on healthy persons. What caused Schuessler to found a new therapy he has laid down in the preface to his work, to which we refer those who desire the particulars.

In his biochemical method of cure he lately only uses 11 remedies (the so-called functional remedies, which are homogeneous with the inorganic substances found in the tissues of the human organism). The principles laid down in his pamphlet are in brief the following:

**Principles of Biochemistry.**

Blood consists of water, sugar, fat, albumens, *Chloride of Sodium* (common salt), *Calcium fluoride*, *Silicic acid* (*Silicea*), iron, lime, magnesia, soda and potassa. The latter are combined with *Phosphoric acid* or with *Carbonic acid* and *Sulphuric acid*. The salts mentioned above are the inorganic constituents of

blood. The blood contains the materials for all the various tissues or the cells of the body. This material enters into the tissues through the walls of the capillary vessels, and thus makes up the losses which are suffered by the cells in the transmutation of their substances.

Within the tissues the albumen destined for the building up of new cells splits up through the influence of oxygen. The products of this splitting up are the substances forming the muscles, the nerves, the gelatine, the mucus, also *Keratin* and elastin.

The substance forming gelatine is destined for the connective tissue, the bones, the cartilage and the bands; the substances forming mucus, muscles and nerves are destined for the mucous cells, the cells of the muscles, the cells of the nerves, the brain and the spinal marrow; *Keratin* is destined for the hair, the nails and the cells of the epidermis and of the epithelium; the elastin for the elastic tissues. When the albumen is split up, mineral substances are set free. These are used for covering deficiencies which may have arisen in the cells from their function or from pathogenic irritations; they also serve to stimulate the formation of cells; this is especially the case with lime.

Those mineral substances, however, which are set free through the retrogressive metamorphosis of the cells leave the organism as detritus by way of the excretory passages.

When a pathogenic irritation touches a cell its function is thereby at first increased, since it endeavors to reject this irritation. If the cell through this activity loses a part of its mineral means of function it is pathogenetically changed.

The cells which have undergone such a pathogenetic change, *i. e.*, the cells which have suffered a loss of their minerals, need to recover this through a homogeneous mineral substance. The loss may be recovered spontaneously, *i. e.*, through the curative efforts of nature, through the entrance of the substances required from the intercellular space into the cells. If the spontaneous cure is delayed a therapeutical help becomes necessary. For this purpose we give the mineral substances required in a molecular form.

The biochemical method of cure, therefore, supplies nature with the natural means, *i. e.*, the inorganic salts which are lacking in the part affected. Biochemistry, therefore, has as its end the correction of physiological chemistry when it has deviated from

its normal order. Biochemistry reaches its goal in a direct manner, by covering the deficit. The other curative methods, which use remedies which are heterogeneous to the substances constituting the human organism, reach their goal in an indirect manner.

The biochemical remedies, when properly selected, suffice to heal all diseases that can be cured through internal remedies. These remedies are given in minimal doses.

### Homœopathy vs. Biochemistry.

Soon after Schuessler put forth his new ideas there arose a conflict about them in the homœopathic press, and Homœopaths insisted that we could not so lightly give up Homœopathy in favor of Schuessler's biochemistry, first, because Dr. Schuessler was the man who for many years, with the weight of a full conviction and based upon the extraordinary cures, which he declared he had accomplished, had defended Homœopathy, and he could not afterwards equal his former successes; and secondly, because his method was founded on facts from biology and its relations to chemistry; but neither one of these scientific domains at this time form perfectly developed sciences, but are still awaiting a further development. Much had been advanced in favor and against biochemistry in the days that are past; but Dr. Schuessler has not succeeded in pushing Homœopathy from its position and substituting biochemistry in its place. But it must be granted that most Homœopaths have learned much from Dr. Schuessler, although the majority can scarcely be said to have accepted his theories. His theory, as is often the case in medicine, limped after his practice; and results generally showed that we might do without the theory, and also in many cases do without the differential diagnose of remedies which is often attended with great difficulties in Homœopathy, by simply following in practice the indications laid down by Dr. Schuessler. Schuessler's method, which at first confined the choice to only twelve remedies, was from the first much more simple, and even in remedies like *Natrum muriaticum*, *Natrum sulphuricum*, etc, which had been sufficiently proved, he had either essentially enlarged the original homœopathic provings and the indications which had been practically verified or he had endeavored to give them a more exact basis, so that his biochemistry seemed even to many Homœopathic physicians as at least an acceptable

addition. For the laity this method, on account of its simplicity, seemed to be the very thing, especially also from its addition of several new very useful remedies not before used by Homœopaths, *e. g.*, *Magnesia phosphor.* in certain forms of neuralgias. Those desirous of more detailed information should consult the 25th edition of his work, edited shortly before his death, and corrected by him even while on his sickbed; it is entitled "Abridged Therapy, a manual for the biochemical treatment of diseases, by Dr. Med. Schuessler, Oldenburg and Leipzig."\* It is to be hoped that his treatment of diseases may find a further development after his death, and this by competent hands. Among such we would specially refer to Dr. Ostwald, who is a progressive chemist, having given up the antiquated chemical prejudices which still rule almost universally in medicine and physiology.

Concerning the life of Dr. Schuessler, we have been informed by one of his intimate friends in Oldenburg, that the deceased was a "self-made man," a fact which was known to very few of his colleagues. As an autodidact, he had acquired extensive knowledge, especially also in philology, so that he could give instruction in the languages, and especially in French, by which he supported himself. It was only at a mature age that he finally acquired the means which enabled him to study medicine in Paris, Berlin, Giessen and Prague, receiving his diploma eventually in Giessen. In order to acquire the right of practicing medicine in Oldenburg, Dr. Schuessler had to undergo a special examination before the medical college in Oldenburg. This took place on the 14th of August, 1857. As he was born in Zwischenahn, Oldenburg, on the 21st of August, 1821, he was then in his 36th year. Before he was admitted to his medical examination he was at this mature age subjected to an examination at the gymnasium (college) at Oldenburg. His course of life, beset by so many difficulties, throws some light on the rest of his life. He remained unmarried, and his pen retained even in old age a satirical vein; and without caring for others he went his own way and pressed those against the wall who put themselves in his way of progress. Nevertheless, he ever remained what he was, a good man, a character sufficient to itself, least of all eager to acquire

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\* Translated into English by Prof. L. H. Tafel and published by Boericke & Tafel. 1898.

riches, not even when he had gained a wide reputation as physician. To the end of his life he retained his simplicity and did not allow himself any comforts, not even when he began to be an invalid, until he was overtaken by a stroke of apoplexy on the 14th of March. To this he succumbed on the 30th of March, after having been unconscious for several days. About one-half of the property he left behind him he willed to the City of Oldenburg for an institution for the care of deserving indigent persons, without distinction as to faith. The rest of his property he willed partly to his nearest relatives, while he disposed of 15,900 marks (in legacies of from 900 to 3,000 marks) to persons to whom he felt himself under personal obligations. Dr. Schuessler's memory, therefore, will also be an honored one in his more proximate house.

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## SULPHUR AS A PULMONIC REMEDY.

By Ad. Alf. Michaelis.

Translated from the *Medizinische Monatsh. f. Hom.*, October, 1898, for the  
HOMŒOPATHIC RECORDER.

In *Sulphur* we possess a pulmonic remedy of considerable power, which on account of its other prominent characteristic effects is easily overlooked and in all cases undervalued. In acute pleurisy, which is distinguished by violent stitches, *Sulphur* in alternation with *Bryonia* produces valuable effects. So also it may be used in the *chronic catarrh of the lungs*, which is apt to creep in after repeated attacks of pneumonia; it is especially called for when the patient does not recuperate and becomes cachectic, and there is thus danger of *catarrhal phthisis*, the so called cheesy degeneration of the lungs or when this has already taken place. But it is also of use when this chronic process sets in after repeated recoveries of catarrh in the apices, or in advanced states of genuine pulmonary phthisis, when in such a relapse (caused *e. g.*, through a transition thither of an influenza and favored by defective nutrition and perverse diet) the preparations of *Arsenic* and *Iodine* which had formerly been of use unexpectedly becomes ineffective. In such a case *Sulphur* will prove a friend in need. Urged on by necessity and not from my natural impulse I had to fly to *Sulphur* in such a case after my well-known and trusty pulmonic remedies had failed, *i. e.*, had only produced a temporary cessation or improvement.

**An Illustrative Case.**

The real and final occasion, the accidental cause, was an influenza in consequence, having taken cold; this had, indeed, been removed by the specific remedies, but it was not noticed that it had covertly and insinuatingly passed over into the lungs, in which the process now settled down and developed. For months nothing was to be noticed but a more or less copious *mucous expectoration* and excessively *pale complexion*; as it was winter this was little noticed and supposed to be merely a catarrhal appearance. Suddenly, after three months, in the next spring, there were manifest though transitory dyspnoea, and soon after that the patient was frightened, early one morning, by coughing up *pure blood*. When respiring deeply a *sensation of obstruction* in the region of the diaphragm, as if the lungs had grown fast there, appeared and occasional *stitches* in the left side of the chest, anteriorly, about the left lower pulmonary lobe. It was manifest that the process in this case had settled on the *lowest part* of the lungs, while no symptoms appeared in the apices.

This state had developed itself in spite of the fact that *Kali jod.* id. had been given for some time (to counteract the sequelæ of his cold).

The course of the disease from the 24th of March, on which day a regular strict treatment of the recognized danger was begun, I shall now describe here in its particulars, as it is instructive in more than one direction.

March 24-31. *Arsen. jod.* 3d, at first in frequent small doses, later two to three doses a day. The lungs immediately began to improve. The *stitches*, anteriorly, in the left lower lobe became rarer during this week and the respiration became free. He took a pint of milk (*i. e.*, not boiled) every day, and also some lager beer.

April 1-6. *The same remedy.* The lung continued to heal; the stitches were hardly noticed any more. On the 6th the symptoms in the lung were no more perceptible. The appearance had improved, the general health better; a considerable increase in weight.

April 7-16. *Arsen. jod.* 3d, to make sure of the lungs, and between times *Nitrum* id, daily one or two copious doses, to improve the digestion. He drank much beer.

April 8. There was again oppression of breathing while walk-



ing; in the morning considerable mucus and cough. April 9, early in the morning, before rising, *blackish-brown blood* was coughed up (*i. e.*, a symptom of congestion), doubtless due to the affection of the lung. He looked badly. The quantity of lager beer consumed and the smoking were to be considered the causes of the delay in the cure.

April 17. In consequence of a slight cold a decided relapse; violent catarrh of the throat and of the larynx, secretion of mucus from the lungs, transitory stitches anteriorly, on the left side below, the oppression of the respiration very noticeable.

April 17-30. *Arsen. jod.* 3d, in *Iodide of Potassium*, in frequent doses. Immediate improvement and removal of the symptoms within a week.

May 1-7. *Stann. jod.* 3d, twice a day, in consequence of a renewal of the lung symptoms (stitches on the left side, dyspnoea). No effect.

Bad, defective nutrition, even to suffering want and mental worries, were circumstances which helped to explain the repeated relapses. The whole course of the disease showed, however, that *Arsen. jod.* is a powerful pulmonic remedy.

May 8-14. *Arsen. jod.* was again given, but entirely refused to act. The most prominent symptoms were: *Pain and sensation of being checked* when taking a deep breath, felt as if at the base of the lungs and in the region of the stomach.

Now I passed over to preparations of *Phosphorus* and gave a week each, first *Calc. phosph.* 3d, and then *Calc. hypophosph.* 2d, without any real effect, although in the beginning a decrease of the symptoms temporarily appeared.

After having tried again in vain *Ars. jod.* and *Kal. jod.* and *violent pains* in the chest appeared, I could only conclude that this affection of the lungs could not be cured in this way. So, in the middle of June, I commenced with preparations of *Sulphur*, and these, I may premise at once, proved very effective.

June 12-18. *Sulphur* 3d, every day two large doses, each time what would lie on the point of a knife. The lungs improved at once.

June 25. *Ant. sulph. aura.* 3d, daily two large doses, as above. The lungs continued to improve.

June 26. As cloudy, rainy weather set in there was again considerable dyspnoea. Such an effect of the weather was frequently noticed by the patient as being peculiar to his case.

June 26-30. *Calc. sulph.* 3d. Considerable dyspnoea continued and he was evidently sliding back.

July 3–9. *Sulphur* 3d, daily two to three large doses. He at once commenced to improve again. *Rainy weather* only causes slight obstruction of the respiration.

After two days' use of *Ant. sulph. aur.* 3d, his lungs again became worse (lancinating, pressive pain, trouble in respiration) we again returned to *Sulphur* 3 D. as before, when the lung—symptoms at once became milder and gradually disappeared entirely.

After *Sulphur* had been used for one month longer, the patient might be considered as saved. Relapses became weaker and more transitory and the health of the patient became more constant. Pure *Sulphur* given in large doses had proved itself a powerful remedy in *catarrhal pulmonary phthisis*.

This result is not negatived by the fact that in the subsequent month (August) there was a relapse, owing to a return of injurious influences; this case also led me to a complementary (*i. e.*, parallel) remedy to *Sulphur*. This remedy in the pathogenic process is *Kreosot.* 3d, to be taken in homœopathic doses of five drops. With these two allies which were given in repeated alternation of one week each, the lungs were thoroughly healed and became, at the same time, more capable of resistance and firmer, in fact, they became normal and returned to their full health, so that we may now consider the danger of a relapse from a slight cause as excluded.

The patient had had repeated attacks of pulmonary phthisis some years before, and had always recovered by quickly applying the remedies indicated in my work: "The Cure of Pulmonary Phthisis." But in this instance, probably, owing to an acquired disposition and in consequence of the changed (catarrhal) nature of the disease, he had no success in its treatment.

Forsooth! evil consequences of a cold and a tedious, but finally successful treatment.

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## SMALLPOX IN GERMANY.

### An Outbreak of Black Smallpox.

Translated for the HOMŒOPATHIC RECORDER, from *Hom. Monatsblätter*, October, 1898.

In Bruch near Recklinghausen, Westphalia, on the 3d of June there was an outbreak of black smallpox and this has not yet been exterminated. So, also, cases of genuine smallpox are

reported from Rochlinghausen, Halle a. S., Seehausen (Kreis Wauzleben), Kirchhain and Lauterberg; in several of these places deaths have ensued. In Berlin a member of the troupe of Africans exhibiting in the Panopticum was taken ill. *Nota bene: The Africans had been "protected" by vaccination before their appearance in Berlin!* What explanation will now be offered by the friends of vaccination to prop up their "compulsory vaccination" thus shaken? Notably, such cases are apt to be explained as, imported from Russia! But in Russia they have for a long time been vaccinating severely and ferociously! then these imported cases are *vaccinated* Russians, who are seized with smallpox here, well, that is sufficient! We must remark, however, that it was by no means in all these instances "immigrants" who were seized with smallpox, but also indigenous persons (*e. g.*, at Bruch!) How is this to be explained?

#### Death From Vaccinations.

The "*Impfgegner*" (Foe of Vaccination) in its last two numbers reports again cases injured by vaccination, *i. e.*, cases of severe illness and death succeeding vaccination. But the friends of vaccination will say, these are isolated cases! But if only one person out of a thousand becomes fatally ill immediately after vaccination—for the friends of vaccination are unwilling to take any account of chronic morbid states consequent on vaccination!—this is sufficient to condemn any compulsion to such an operation over which this sword of Damocles hangs suspended. For every father and mother will at once anxiously say, but if *my* child should happen to be this one among a thousand that falls as a sacrifice to vaccination?

The *Württemberg Volkszeit.* of the 2d of September contains an article against those who fail to appreciate our good luck in having "the blessing of vaccination." In it we again find the ever recurring stupid objection, that the unvaccinated are a danger for those who are vaccinated! The *Volkszeitung* does not seem to have as yet become aware of the fact, that this is the very worst sort of a compliment to pay to "protective vaccination." For if vaccination could really effect what its friends promise, they themselves would be guarded and protected against all contagion? How then can they be endangered through the unvaccinated? But if they actually deem themselves endangered, it is plain that they do not really believe in the infallible protection of vaccination! It is true, indeed, that

at this day there are none, excepting some credulous "laymen" who believe in the infallible protection of vaccination. The initiated have long ago dropped this faith as a mere superstition.

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### IODINE CASES.

FRANK G. was seen, in consultation with another physician, May 9, 1893. He had been suffering from catarrhal pneumonia nearly a month, and, although the acute symptoms had subsided, the lung still remained hepatized. He was losing strength, and had an irregular fever, with occasional sweating spells. *Iodine* was prescribed, and he made a rapid and uninterrupted recovery.

MRS. H. contracted croupous pneumonia in the summer of 1894, while visiting friends in Vermont. The attack was a severe one, and it was fully three months before she was able to come home. She consulted me soon after her return, complaining of weakness and a feeling of general malaise. Slight exertion caused palpitation of the heart, dyspnoea and profuse perspiration. She felt worse in a warm room and better in the open air. The lower third of the left lung was still hepatized. *Iodine* caused resolution in two weeks, and *Chin. arsen.* completed the cure.

ROY B., a rather delicate boy, ten years old, was attacked with whooping-cough about the 1st of March, 1893. Some three weeks later an imprudent exposure brought on catarrhal pneumonia. Under *Verat. vir.*, followed by *Bryonia*, the disease pursued the usual course, and by the 1st of April the patient seemed to be convalescing, when he took cold and had a relapse. He again improved slowly under the usual remedies until April 15th, when the furnace fire accidentally went out during the night. He awoke in the morning thoroughly chilled, and had a second relapse. This time he did not rally, but grew steadily worse. At the end of the fifth week of the disease one-third of the left lung was still hepatized, and there were also scattered patches of consolidation in the right lung. The cough was slight and expectoration scanty. The sputum, examined under the microscope, showed mucous corpuscles, broken-down lung tissue undergoing fatty degeneration, and a few Koch's bacilli; but no pus could be detected. Every morning he had a chill, followed by high fever, the temperature, which was 96° at the beginning of the chill, rising to 105°, 105.5°, and on one occasion to 106°.

This, in turn, was succeeded by profuse perspiration, during which the temperature gradually fell until it again reached 96°, about 9 or 10 P. M., when the cycle of chill, fever and sweat was repeated, and lasted through the night. *Sulphur*, *Hepar. sulph.*, and *Sanguinaria* were given without effect. Another physician was now called in consultation, and at his suggestion *Calc. phos.*, and afterwards *Calc. carb.*, was tried, but with equally unsatisfactory results. At the end of the sixth week the patient was in a critical condition, and was slowly but surely losing ground. *Iodine* was now prescribed, ten drops of the tincture in a glassful of water, a teaspoonful every hour. Two days later he had only one chill during the twenty-four hours, and the range of temperature was reduced one-half, the maximum being 100° and the minimum 97°. The medicine was now given every two hours. In three days more the chills, fever and sweat disappeared, resolution commenced, and just twelve days after the first dose of *Iodine* was administered the boy was discharged cured. *W. T. Laird, M. D. Watertown, N. Y. From paper read before Medico-Chirurgical Society of Central New York. Hahn. Monthly, Nov. 1898.*

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## THE BELITTLING OF MEDICAL SCIENCE.

(The following leading editorial from the October number of the *Journal of Medicine and Science*, Portland, Me., is worthy of consideration as showing another drift towards the principle laid down by Hahnemann, that the physician should treat the patient and not the disease:)

“ Professor Oswald Vierordt, after long years of experience as a teacher of diagnosis in the medical department of the University of Heidelberg, and after having become grounded in his opinion by a clinical experience second to none of all the talented physicians of Germany has, in his recent book—*Diagnostik der Innerer Krankheiten*—founded the whole superstructure of his work upon the single proposition, that ‘every disease, according as it develops in this or that person, manifests a different, an individual character. The objective point of the physician’s investigations at the bedside, is therefore, an *individual diagnosis*, first on purely scientific grounds, but still more important from the practical consideration that it must form the indispensable basis for individualizing the treatment.’

“One of the most talented and most successful teachers of Maine in a recent discussion laid down the broad principle that the physician exists only for the good of the patient, and that aside from this purpose there is no good reason for his existence.

“Now, these two propositions are so well founded as to be almost self-evident truths, and yet, at the present time, there seems to be a strong tendency working within the profession which often militates against the benefit which would arise to the patient if both were carried out in practice. It was not so very long ago that a very celebrated gynecologist laid down a rule in one of his books to the effect, that he is the most successful gynecologist who is the boldest one. Before and since that day this heroic gynecologist has had many brave followers. At a recent meeting of the American Medical Association, at which the treatment of typhoid fever was under discussion, a teacher of world-wide reputation arose and gave utterance to the astounding dictum, that the physician who did not employ the Brand treatment in every case of typhoid was guilty of something little short of criminal negligence. These two are but glaring examples of what we hear all about us. All over the country eminent surgeons are shouting themselves hoarse in mouthing the declaration that every case of appendicitis should be operated on as soon as diagnosed; the air is full of the cries of eminent authorities who instruct us that every case of abortion should be curetted at once; and that the forceps should always be applied when the head has ceased to advance; and yet, with all due respect to the very eminent authorities from which such wise proverbs have emanated, we all know that modern medical science has no other reply to all these bald statements, than that very expressive word which Victor Hugo placed in the mouth of the French captain, Cambronne, at Waterloo, to show his unlimited contempt for the English—than which no other word in any language so well expresses supreme disgust.

“The merest tryo in medical practice knows that while such unqualified statements may sound very smart when delivered by a man of reputation with an assumption of honest conviction, yet, when carefully analyzed, all such dictatorial utterances are lacking in good judgment and amount to little more than the veriest buncombe. In fact, the number of men in the profession, who have been able to lay down infallible rules of procedure in the treatment of any disease, is very small, and, in spite of the

great progress which has been made along all medical lines, we are still obliged to accept with many qualifications the dicta of even very eminent authorities, no matter how great their reputation, and no matter how much inflated they may be with conceit, egotism, self-sufficiency and enthusiasm.

“The number of questions in medical science still demanding solution is so large, and the true answer to these questions is of such importance in directing practice, that most of the profession are more in touch with the man who gives a somewhat guarded and modest opinion, backed by investigation and experience, than with the so-called leader of the profession, who delivers his fiat as one having authority, in the Olympian-Jove, the Bombastes-Furioso, and I-am-Sir-Oracle, or the *ex cathedra* manner. To be sure the *ipse dixit* method is very successful in impressing laymen with the practitioner's profundity and skill, but not yet has medical science become such a poor, mean, contemptible thing that neither brains, judgment nor common sense enters into its teachings. The delivery of fiats and the mouthing of dicta may make a man a much quoted and very eminent authority, but it alone can never succeed in making him a wise counselor or a safe leader to follow.

“That was, indeed, a very sarcastic scamp who said that a great deal of the surgery of the present day seemed to be animated by the same spirit which prevailed at Donnybrook Fair—if you see a head, hit it—and yet, we know, that after the discovery of anæsthetics and the development of asepsis had tended to make of surgery a more easily acquired art, that many surgical operations were performed that had better never been done, and that in the later eighties and the earlier nineties surgery seems to have been dominated by boldness and by a tendency to follow general rules rather than by that wise judgment and individualizing of cases which would have ensured to each patient the best good which the art offered.

“No one will question but these surgeons were suited to the times in which they worked, and that they did a great deal for the advancement of surgical science, but neither is it a matter for doubt but that modern surgery demands other accomplishments of its devotees. Courage and boldness are very excellent things for any man to possess, so also good judgment, plain common sense, and the ability to fit the remedy to each individual case are qualities not by any means to be despised.

“Certain surgeons are all the time complaining that general



practitioners do not sooner turn over their surgical cases to the surgical expert, and those who shout these complaints the loudest are those, who, by their teachings and their methods, have shown themselves unwise counselors and unsafe guides, and, when all the requirements of modern surgery are considered, unskilled operators.

“Not yet can medical men afford to guide their practice by the dictatorial statements of any man or any set of men — enthusiasts who make of medicine a series of bald statements without sense or reason; not yet can any physician, however bold, however talented, afford to fail to bring to every patient’s bedside that calm, dispassionate judgment which is the result of careful study, patient investigation, and a judicious weighing of the several factors and conditions which enter into every case of disease.”

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## BOOK NOTICES.

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**History of the Homœopathic Medical College of Pennsylvania and of the Hahnemann Medical College and Hospital of Philadelphia.** 904 pages. 8vo. Cloth, \$3.50; by express, \$3.75. Philadelphia: Boericke & Tafel. 1898.

This is an exhaustive history of the oldest homœopathic college in the world. The book is divided into five parts as follows: Part I. Contains the history of the college proper from its beginning in 1848, in the old room at 635 Arch street; it is a careful account of the various vicissitudes to which it was subject, and is complete up to May, 1898. Great care has been taken to include all the charters and other legal documents relating to this history, and to illustrate the steady advancement from an educational standpoint in which it has always kept in line with other medical schools.

Part I. Also contains short biographical sketches of all the physicians who have at any time acted as professors in the institution.

Part II. Is divided into four sections devoted to the history of the hospital, museum, dispensary and library.

The history of the hospital is complete and includes all the data of the hospital on Chestnut street, founded in 1852, that of the Soldier’s Hospital of 1862, the Cuthbert Street Hospital and

the inception, growth and magnificent result of the present hospital. A record is given of the endowed beds, the rules governing the institution, a list of the hospital staff arranged alphabetically, giving at a glance the years of service of each, list of the contributors, honorary members, life patrons, life members, there is a chapter on the training school for nurses, giving a list of the nurse-graduates, also an account of the Uaterbity Home.

The dispensary is fully described, a list of the various physicians who have served is given. There is a chapter upon the museum, illustrating its growth, its practical value and its remarkable collection of specimens. The library is fully described with titles of some of the more rare books therein.

Part III. Contains five sections: Alumni Association, Hahnemannian Institute, Alpha Sigma Chapter, complete list of graduates, list of graduates who are teachers in other medical schools. One hundred and fifty pages are devoted to the Alumni Association, giving an account of the earlier associations, and an account of each meeting of the present association, inclusive of the Jubilee of 1898.

There is a list of the officers and members with their present addresses. The two college societies, the Hahnemannian Institute and the Alpha Sigma Chapter, are also described fully. There is a complete alphabetical list of graduates for the fifty years, giving name in full, place of residence at the time of graduation, date of death of diseased alumni. There is a list of graduates now teaching in other colleges with name, year of graduation, present college office and chair.

Part IV. Contains list of the officers of the college, list of faculty and lecturers, synopsis of commencements, dates of introductory and rosters. The list of officers, faculty and lecturers is alphabetical and is inclusive from 1848 to 1898.

The synopsis of commencements gives the following data of each since 1848, where held, when, name of valedictorian, name of chaplain, music and by whom, name of person conferring the degree, number of graduates, medals conferred, banquets when and where held forming a tabulated account of the commencements of the college. The date of every introductory lecture is given with the name of the speaker. Rosters for three years are given, that for 1850-'51; that for 1878-'79, when the first graded course of three years was adopted, that for 1897-'98 showing studies of the four years graded course now required.

Part V. Is devoted to the Fiftieth Jubilee of May, 1898, con-

taining a complete account of the exercises, with quotations from the papers read and a resume of the discussions.

The book was intended to contain about 600 to 700 pages, the actual number of pages is 904, besides the preface. It has been the intention to make the book entirely complete in all its details.

It is profusely illustrated with pictures of the college and hospital buildings, and interiors, and portraits of the earlier professors. The frontispiece contains pictures of the three daring and persevering men, Hering, Jeanes and Williamson, who were the founders of the college in 1848.

The book is dedicated to the Alumni. Every Alumnus of the college should certainly have a copy and when he reads the story so well told of the days of trial and the resulting success, he may well be proud that he is an alumnus of the oldest homœopathic college in the world, and one that to-day stands high as a medical school.

In this work, as those which preceded it from the same pen—*The life of Hahnemann*, *The Homœopathic Biography* and *The Pioneers of Homœopathy*—the part of the author has been a labor of love, strange as that may seem in an age so largely characterized by the “every one for himself” motto, but it is a useful and needed work, this of gathering the history of Homœopathy and the author can rest in the assurance that the future will appreciate his labor even if too much ignored by the present. Homœopaths all over the world owe a dept of gratitude to Bradford—may he live long and continue his good work.

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**Renal Therapeutics.** Including also a study of the Etiology, Pathology, Diagnosis and Medical Treatment of the Urinary Tract. By Clifford Mitchell, M. D. 365 pages, 8vo. Cloth, \$2.00; by mail, \$2.16 Philadelphia: Boericke & Tafel. 1898.

It seems to us that the chief title of this book is too limiting, for, while therapeutics is its leading feature, it also includes everything else in connection with the diseases, from etiology to diet, and not only of kidneys, but, also of the bladder, prostate, etc., making it a very complete book on all diseases of the urinary tract. Dr. Mitchell's long experience in his speciality is a guarantee of the goodness of the contents, and, if any reader wants a text book on the subject, he cannot find a better. The work is quite fully illustrated and beautifully printed.

**Characteristic Indications of Prominent Remedies for the Use of Students of Materia Medica and Therapeutics.** By W. J. Hawkes, M. D. Professor of Materia Medica and Therapeutics in Hahnemann Medical College, Chicago. Fourth edition. Revised and Enlarged. 142 pages. \$1.00; by mail, \$1.05. 1898.

This book is a jewel of condensation as the thousands of practitioners who got their first introduction to homœopathic materia medica by means of its clear cut "characteristics" can testify, and the fourth edition will be welcomed by all. The book is now controlled by Boericke & Tafel, and orders for same must be sent to them.

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**King's American Dispensatory.** New edition. Entirely rewritten and enlarged. By Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Co-editor Locke's *Materia Medica and Therapeutics*; President Ohio State Eclectic Medical Association; etc., etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O.; formerly Professor of Pharmacy in the Cincinnati College of Pharmacy; Ex-President of the American Pharmaceutical Association; Author of the *Chemistry of Medicines*; *Drugs and Medicines of North America*; *Etidorhpa*; etc., etc. Two volume edition, royal octavo, each volume containing over 950 pp. with complete Indexes. Cloth \$4.50 per volume post-paid. Sheep \$5.00 per volume post-paid. Volume I now ready. The Ohio Valley Co., Publishers, Cincinnati, O.

Of this book it can be said that it is the undisputed authority with the Eclectics, being officially adopted by them in 1879. The first edition appeared in 1854, and this is the third revision of King's old work, of which there have been 18 editions. It is needless to say that if any one wants a work on Eclectic pharmacy and dispensing, this is the only one to buy.

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**The Principles and Practice of Medicine.** Designed for the Use of Practitioners and Students of Medicine. By William Osler, M. D. Third edition, entirely revised and enlarged. 1,181 pages. 8vo. New York. D. Appleton & Co.

The first edition of this now famous work was copyrighted in

1892, the second in 1895 and the third in 1898, each one being revised and altered, for, as the author says in his preface to the third edition, "At the present rate of progress in all departments a text-book six years old needs a very thorough revision," which must be rather discouraging for anyone seeking a solid and fixed basis for his mental feet—if the term be permissible. Be that as it may, we can safely say that if anyone wants a compact work on the practice of "regular" medicine he will not go astray in selecting Osler's.

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**A Clinical Text-book of Medical Diagnosis for Physicians and Students, Based on the Most Recent Methods of Examination.** By Oswold Vierordt, M. D., Professor of Medicine at the University of Heidelberg, etc. Authorized translation, with additions, by Francis H. Stuart, A. M., M. D. Fourth American edition, from fifth German, revised and enlarged, with 194 illustrations. 603 pages. Cloth, \$4.00. Half morocco, \$5.00. Philadelphia. W. B. Saunders. 1898.

The period between the first and the fifth edition of this work was nine years, bespeaking merit more than ordinary. The present edition is fully up with the progress in the study of diagnosis, and this edition ought to be as successful as were the former. It is the accepted authority on diagnosis.

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**A Text-book of Materia Medica, Therapeutics and Pharmacology.** By George Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois, etc. Second edition. Revised and enlarged. 860 pages. Cloth, \$4.00. Half morocco, \$5.00. Philadelphia. W. B. Saunders. 1898.

The author says: "Since the publication of the first edition there have been many advances in pharmacology, rather in the direction of clearing from obscurity the action of old remedies than in marvelous new discoveries. In this respect therapeutics has but followed the normal line of the evolution of science." Of *Pulsatilla*, we are told, "The drug may be employed for the same purposes as *Aconite*, though as a cardiac sedative it is less efficient. It has been recommended as a useful emmenagogue."

**Therapeutics of Diphtheria.** By C. M. Boger, M. D. 82 pages. Paper, 90 cents. Vellum, \$1.00. Lancaster, Pa. T. B. & H. B. Cochran. 1898.

A very excellent little *Materia Medica*, with repertory, for the homœopathic treatment of diphtheria. The author, Dr. Boger, of Parkersburg, W. Va., is a member of the I. H. A., who make a specialty of the study of pure Homœopathy, and his work can be depended on. The price, however, seems to us a little high-pitched, but if the book can be made the means of saving the life of a patient it is cheap at any price.

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**Diseases and Their Cure.** Fifty years' experience. By O. H. Crandall, M. D., Quincy, Ill. Published by the author.

Two hundred and sixteen pages are devoted to general treatment, and eighty seven pages—paged separately—to “biochemistry.” The book is not designed as a—what shall we say?—set work on medicine, but is simply jottings on the various diseases, giving the author's experience as to best treatment, and when it is known that he has had fifty years' experience the possible value of the work will be appreciated.

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**Cyclic Law.** Its influence over man in both health and disease. Determining the sex, its influence upon births, deaths, etc. 167 pages. Cloth, \$1.00. Middletown, Ohio. Thomas E. Reed, M. D. 1898.

A curious little book, dealing with a curious subject; one that will cause the man who does not jump to his conclusions, and his condemnations, to think a bit. Every one familiar with coast people knows that they have a “superstition” that if a dying person can hold on to life until the tide turns and runs in he will not die until the next ebb. Dr. Reed maintains that this is fact not fancy and that these cyclic waves exert just as much power inland as on the coast, and if understood and an accurate chart of them made they can be of great use to the physician in many ways.

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**Treatment of Skin Cancers.** By W. S. Gottheil, M. D., Professor of Dermatology at the New York School of Clinical Medicine. 67 pages. 12mo. Cloth, \$1.00. New York. International Journal of Surgery Co. 1898.

The subject is treated in a practical manner, from the standpoint of the general practitioner as well as the specialists, and while every prominent modern method in the non-operative treatment of cutaneous Cancer has received mention, the author elaborates especially upon the caustic method which experience has commended to him, and dwells upon the two essential points; recognition and treatment.

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"THOUGHTS CONCERNING AN INTERNATIONAL LATIN ACADEMY" is the title of a treatise respectfully addressed to men and women, who, amid their various vocations, duties and occupations, command *some leisure*. "Now the object of this pamphlet" is to invite those who will "to join into a learned body to be called Academia Gentium Latina or International Latin Academy," and thus forward the movement towards making Latin the *international* language of learning and science. Those who would know more of the matter should address "Latin Herald Printing Office, 608 Arch street, Philadelphia, Pa.," for a copy of the above mentioned pamphlet.

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IN 1878 the firm of Boericke & Tafel published an *Analytical Manual for learning to understand, speak and write the Latin Language*, by Dr. Leonard Tafel. For a beginner in the study, and for one who wishes to acquire the language without the aid of a teacher, we know of no better work. The first part consists of dialogues, fables, biographies, letters, etc., in parallel columns, one Latin and the other English, and so numbered that anyone can get the true Latin for each, and can understand it. The second part is a "Logical Latin Grammar," a great improvement over the heart-breaking grammars that must be learned by what might almost be called brute force. The book contains about 180 octavo pages, and sells for \$1.00.

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**A Text-Book of Gynecology.** By James C. Wood, A. M., M. D., From *New England Medical Gazette*.

In the preface to the first edition of this work, published in 1894, the author has described the ideal text-book as "one which should not only embody in concise form for the specialist the most advanced teachings of the American and European schools of gynecology, but which should also present these



teachings in such a way as to enable the student of medicine and non-specialist to obtain at least an intelligent knowledge of the subject without exhaustive research." That Professor Wood had very nearly approached this standard of excellence in the edition referred to must have been acknowledged by its more critical readers, and by the rewriting of the chapters on Electricity, Antisepsis and Asepsis, Pelvic Abscess, Malignant Diseases of the Uterus, and Injuries resulting from Childbirth, as well as the introduction of a chapter on certain obstetric operations, there is left little of any moment to be desired. There has been also an increase in the number of illustrative cases (of which, by the way, a number instruct through failure), and one hundred and twenty-three illustrations have been added, bringing the whole number to two hundred and ninety-five.

The eminent characteristic of this work is practicality. Not only is the specialist informed in a concise manner of the latest theories and procedures in gynecological science, but the general practitioner also is not forgotten, and the various methods of diagnosis, the palliative treatment of non-surgical cases, and the after-treatment of those which have been operated upon are reduced to the plainest terms of simplicity and directness consistent with a properly technical treatment of the subject under consideration. Notable examples of this might be given.

In the chapter treating of the anatomy of the pelvic organs, very little space is devoted to their embryology, the author considering that subject to belong rather to obstetrics than to gynecology; but the description of the pelvic structures is clear and concise, that especially of the pelvic floor being a thoroughly good preparation for the later instruction in its repair.

It is hardly necessary to make the statement that theory as to the origin of disease is not always essential to its intelligent treatment. None knows that fact better than the conscientious homœopathic prescriber, yet whenever Professor Wood needs to defend an opinion as a logical basis of treatment he does so with boldness. In other cases he shows equally well his wide view of the theoretical field by laying impartially before the reader the various theories and allowing him to choose for himself. For instance, he gives, without committing himself to either, both the ovarian and the Fallopian theories of menstruation, and the various views regarding the origin and nature of cancer.

Scarcely any up-to-date knowledge has failed to find its way either by reference or by detailed account into this text-book.

In treatment in general, the author stands for conservatism wherever radical measures are not positively demanded for the welfare of the patient, but when the latter is the case he proceeds directly and without delay. It will of course be a recommendation to the homœopathic members of the profession that the internal medication given is in accordance with the law of Hahnemann. While the author is not so sanguine as some regarding the cure of growths by internal remedies, he reports illustrative cases in which such cures are claimed.

The general appearance of the volume is good and many of the plates and illustrations are excellent, though one could wish that some of the latter were more distinct in the detail. On the whole, one can only say that Professor Wood has carried out to an admirable degree the plan which he has himself outlined in the preface to the first edition. That it has been adopted as the leading text book on the subject in nearly every homœopathic college in the country should be in itself a sufficient guarantee of excellence.

G. E. C.

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**Ophthalmic Diseases and Therapeutics.** By A. B. Norton, M. D.

This work, now in its second edition, was first presented to the profession six years ago, and at once took its position as the best publication on the diseases of the eye in our school. That time has not lessened the esteem in which it is held by the leading ophthalmologists, is shown by the fact that it has been adopted as a text-book by twenty-one out of the twenty-two homœopathic medical colleges of this country. In the second edition of so much value has been added while the original matter has been so thoroughly revised and brought up-to-date in every particular as to make it practically a new book. Among the new features of this edition, aside from the portraits of some well-known physicians, are the chapters on the Refraction and Accommodation of the Eye, and on Dioptry, by Dr. Helfrich; and a Tabulated Statement of Diseases with More or Less Characteristic Eye Symptoms, by Dr. Linnell. The author has added, among other things, chapters on The Examination of the Eye, The Use of the Ophthalmoscope, and on The Hygiene of the Eye, the latter discussing the influence of school life on the development of refractive errors. In his consideration of heterophoria Dr. Norton takes a position midway between the ex-

tremists who, deprecating all operative treatment, pin their faith to the development of the weak muscle; and that other smaller class, who claim all loss of balance to be due to muscles congenitally short with no possible means of restoring equilibrium without a graduated tenotomy.

The subject matter is well illustrated by means of numerous cuts, and in addition to the usual chromo lithographs showing changes in the fundus, there are six studies in color, made especially for this work by Dr. Hart, of diseases of the lids, cornea and iris.

The book, as a whole, is a contribution to our literature of which the profession may feel proud, and in its second edition will doubtless receive an appreciative welcome.—*McD., in Homœopathic Eye, Ear and Throat Journal.*

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#### A HINT.

The following seems to show that there is considerable truth in the theory of the "physiological system," that many so-called diseases are simply the result of a deficiency in certain earthy elements:

The question to what extent the alkaline-salts in drinking-water affect the decay of teeth has of late been studied in several quarters. Statistics have been collected by Rese in several localities in Bavaria, and by Foerberg in Sweden. These have revealed the interesting fact that the extent of decaying teeth bears a definite relation to the hardness of the water—in other words, to the quantity of calcium and magnesium salts in the earth through which the water passes. The harder the water, the better the teeth; the smaller the quantity of these salts, the greater the decay of the teeth.—*Südd. Apoth. Ztg.*

Those interested in the subject would do well to send to Boericke & Tafel for a free copy of their pamphlet on *Physiological Remedies*. It is worth reading.

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LIME frequently causes great pain in the eyes, yea, it sometimes destroys the sight. A simple remedy, which at once removes the pain, is to wash out the eye with sugar-water. The lime in this case enters a chemical combination, which soon takes away its corroding action.—*Monatsh. f. Hom.*

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## “MODERN SCIENTIFIC TINCTURES.”

Our esteemed contemporary, the *New England Medical Gazette*, for November, says, anent a paper read before the Society by Dr. J. W. Clapp, on the tincture end of the New Pharmacopœia that “we at least have respect enough for the great founder of Homœopathy to believe that were he alive to-day he would have made his tinctures by modern scientific methods and not by the best methods known a century ago.” The alternative seems to be that if Hahnemann did not think as “we” do he would be ignored as being “unscientific.” The best part of this curious paragraph is where it solemnly speaks of “modern scientific methods” of making tinctures as contrasted with “the best methods known a century ago.”

What is the difference? Do not get cranky, gentle reader, or be blinded by partisanship, but honestly ask yourself: What is the difference between the “modern scientific methods” and “the best methods known a century ago,” of making tinctures?

We have carefully gone into the matter and find that Hahnemann directed that, in the case of certain plants, the juice be expressed from them and this juice be mixed with equal parts of alcohol, this constituting the tincture, or, as the Germans term this class of tinctures, “essence;” in the case of other plants, or vegetable substances, the tinctures were directed to be made in ways suited to the plant, or substance to be treated; in other words, the plants were individualized as patients are in homœopathic practice.

Per contra, what are the “modern scientific methods” of making tinctures which are so much of an advance that if Hahnemann did not agree to them, the *Gazette* would not—think so highly of him as it does?

The "modern scientific methods," as we read it—and if this understanding is erroneous the RECORDER's pages are open to corrections—is the adopting of one of the several methods employed by Hahnemann and apply it to *all* tinctures. The plant *Bryonia*, for instance, has not been scientifically improved during the century, it is the same thing now as it was in the days far back of Hahnemann. The Hahnemannian method was to express the juice and preserve it with equal parts of alcohol. The "modern scientific method" is to macerate the whole plant in alcohol instead of expressing its juice and then mixing the pure juice with alcohol. That is the difference, and we ask why is macerating the whole plant "scientific" and the Hahnemannian way unscientific.

Really, and at the risk of being considered not "up to date," we must say that, in view of the fact that the provings were made from tinctures prepared in the old manner, that the new modern scientific method of preparing the tincture must introduce more or less of certain elements into the tinctures which renders them untrue to the proving; and that the new tinctures are therefore in a greater or lesser degree unproved remedies; in view of these undisputed and self-evident facts, we are convinced that were Hahnemann alive to-day he would *not* accept "modern scientific methods" of knocking all the individuality out of his old polychrests.

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### A MAN.

(This is by Kraft, *Am. Hom.*, November 1. AMEN!)

Who would the Institutes of Homœopathy teach must have an abiding faith in the truth of the *Organon*.

It does not include a damning with faint praise.

Nor the throwing of doubt and dirt on any part of it.

Nor in deriding the religious belief of Hahnemann.

Nor in pitying him and his dotage.

Nor in selecting a paragraph here and another one there

To teach the Institutes of Homœopathy.

A Man must himself believe in and practice the truths of the *Organon*.

A Man must be honest with himself before he can be honest with his class.

A Man who uses the dictionary only to find the bad words needs no dictionary.

A Man who says the Bible contains many beautiful thoughts, but also may exploded notions, had better leave the Bible alone.

A Man who says *Hering's Condensed* is a good book but filled with much rubbish is not the proper teacher of *Hering's Condensed*.

A Man who says Hahnemann was the author of similia, but that his *Organon* contains many thomas-fool theories is not the most fit to teach the *Organon*.

A Man who derides the dynamic theory and says it is the child of Hahnemann's dotage ought to be made to step down and sit down for "keeps."

A Man who picks out paragraphs here and there in the *Organon* is no better than an allopath. Even the devil could find some unobjectionable passages in the Bible.

A Man should be fitted to teach the Institutes of Homœopathy and not be merely the one who drew the marked ballot from the faculty hat.

Put *Organon* believers in *Organon* chairs !

Who would fat oxen drive should himself be fat !

"WHATEVER one may think of Dr. Burnett as an author on account of his use of so many odd remedies, it can safely be affirmed that few writers have the ability to make the reader *think* which he possesses and the fellow who has this gift is a good writer, always. One would be able to testify that a book without some odd remedy in it was not Burnett's. This point is well established in his suggestion of the use of erythinus in a case of pityriasis rubra. This remedy is a fish, native of the waters of some Pacific islands, and it was found to produce an eruption similar to this affection. Its use resulted in a perfect cure. His idea, the constitutional treatment, is believed in by every homœopath and is followed by them. The book is worthy of a place in every library, for all the discouraging affections one has to deal with those of the skin lead all the rest, and one is likely to find in the work something which will prove of benefit in these intractable cases. The work is excellently gotten up, the printing and binding being up to the standard of the old house issuing it."—*Medical Visitor, on Diseases of the Skin*.

## THE PROPOSED NEW GERMAN HOMŒOPATHIC BOOK OF MEDICINES.

From *Allg. Hom. Zeit.*, September, 1898.

The voices in opposition to the new American Pharmacopœia are continually multiplying.

We take the following excellent article from the last (August) number of the *Archiv fuer Homœopathie*:

“The New North American Pharmacopœia does not by any means meet with that recognition in the United States which the ‘American Institute’ gives to it. While this American Institute desires that all homœopaths in the world should unite on the basis of this Pharmacopœia, Dr. W. A. Dewey, in the ‘Medical Century’ (March, 1898, p. 87), declares that he *cannot* accept the new Pharmacopœia and that it would not be received in the University of Michigan as the basis of instruction, adducing eight reasons, among them also: 7. “The book contains too many chemical and botanical errors to be used as a manual.” It then quotes the article by Dr. Charles Bacon in the *Big Four*, entitled “The New Pharmacopœia Not a Good Homœopathic Work, because it Ignores the Organon,” and then concludes:

“These opinions and dicta of experienced American physicians ought to receive consideration also in Germany, for the Commission for the preparation of the new German Homœopathic Book of Medicines is also about to make *changes in the preparation* of medicines *in their strength*, which differ widely from the original directions of Hahnemann, and thus they are about to introduce *medicines different from those that have been proved* into our medical treasury. Even if the majority of the votes cast have been in favor of this new tendency, they rest on error and on ignorance concerning that which is in question; they can not therefore be considered as decisive.

*The new Pharmacopœia will be sure to receive no recognition from the state, if it differs so widely from Hahnemann’s prescription, and if it fails in this, the whole work is without any aim.*

The voices of experienced experts are disregarded; the consequences which can easily be foreseen, will then have to be borne.

WILLIAM STEINMETZ.

*Leipzig, September, 1898.*

(That is a strong point—that, if the proposed new German “Homœopathic” Pharmacopœia ceases to be *homœopathic* it will



receive no recognition from the state. Let us hope that Hahnemann's native land will be spared, a work that is neither homœopathic, nor allopathic, hot nor cold, neither fish, flesh nor fowl, nor good red herring.—Editor RECORDER.)

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### A DISTINCTION WITHOUT A DIFFERENCE.

The *Atlanta Medical and Surgical Journal* and the *Tri State Medical Journal* are "grieved to notice" that a number of their contemporaries are running an advertisement of "Ayer's Cherry Pectoral." We turn to the advertising forms of these two eminently respectable journals and find therein "Chionia," "Sanmetto," "Antikamnia," and so on, and on, and on to the end. We are not saying that it is not proper to print the "Chionia" and the others, but are puzzled over the reason that would kick out Ayer yet let them in; why is a preparation of wild cherry unethical and one of *Chionanthus*, *Saw Palmetto* or "Phenacetine" not? You pay five or six prices for them all. To be sure the journals tell you (reading notices) that the "large manufacturing chemists" supply you with a "more reliable preparation" than will the pharmacist, but that is "reading notice" and not fact. If you want the action of, for example, *Saw Palmetto*, you can surely get it better from the pure tincture than from one containing a lot of other things; but you may want the other things, want a mixture, then why not get up one of your own? Surely you know as much about drug action as does the "large manufacturing chemists," who are sometimes not so large when seen close as when viewed in print perspective.

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### POTENCY QUESTION IN AN ALLOPATHIC JOURNAL.

The following is suggestive in view of the new pharmacopœia's declaration that there are no "molecules" of the remedy in dilution above the 12th potency. We find it in the *Medical World* for October—the *World* is not a homœopathic journal:

When Hahnemann declared that the thirtieth dilution of a drug would cure disease, it was unreasonable in the light of the science of his day, and the doctors persecuted him. To-day thousands of men whose scientific and medical education is the equal of any in the world declare that Hahnemann was right. Come, then, and let us reason together. Prove all things, and hold fast to that which was good.

This is by a Dr. Alumbaugh. Worse still is this by Dr. Harkon—they are discussing “The Thirtieth Dilution:”

Case, Mr. S., aged 18.—Strong and healthy, was at work cleaning out an old fence row, and became poisoned with ivy; face, left hand and arm to elbow, both feet and limbs to knee; all badly swollen and containing the usual rash. Rash also appearing upon various parts of body; temperature, 103°; tongue badly coated; appetite gone and quite free vomiting. He had been through the sugar of lead, butter milk and cathartic treatment before coming to me.

Externally—a six ounce bottle of water colored with hydrastis, flavored with a little carbolic acid; to apply when itching was bad. Internally—*Rhus tox.*, two hundredth potency, five drops, three hours apart. Reports show a gradual improvement and soon at work again.

Really it looks at though our despised birthright would not long go a begging, when old school journals will publish 200th potency cures, and the new work will then be “out of date.”

## HOMŒOPATHY AT THE PARIS WORLD'S FAIR OF 1900.

On 12th June, '98, by an official act, Drs. Simon, Love, Marc Jousset, homœopathic practitioners, and Mr. Weber, homœopathic pharmacist, all of Paris, have been elected as members of the jury for the coming great fair. For the first time, the French Government has officially invited homœopathic physicians to join such boards. At the World's Fair grounds will also be held the Homœopathic International Congress, in 1900.—*Revue hom. Francaise*, October, 1898. Dr. Arcshagouni, New York City.

## WARD'S ISLAND ALUMNI.

The third annual dinner of the Alumni Association of the Ward's Island and Metropolitan Hospitals will take place Wednesday, December 7th. The committee are endeavoring to surpass the previous meetings which were very successful, and would request that every Alumnus endeavor to be present. Prominent speakers will respond to toasts, and the evening promises to be very enjoyable. Alumni who have not joined the association are earnestly requested to do so.

DR. G. T. STEWART,  
Secretary.

*Metropolitan Hospital, Blackwell's Island, N. Y.*

# PERSONAL.

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A Canadian doctor was disciplined by his Medical Society for fraud in promoting "the Hindoo remedy."

A cheerful editor of a homœopathic journal wants "to add the name" of every homœopathic physician to his subscription list. So do some forty or fifty other quill drivers. And all will continue to "want."

Dr. W. C. Richardson has removed to 5359 Cabarre ave., St. Louis.

The vaccination question got into politics in England. "Anti" was elected every time, hence "compulsory" went where the woodbine twineth.

You are right, John Henry, *Ergot* is not indicated in post mortem hæmorrhages.

The ignorance and prejudices of the learned are far worse than those of the unlearned.

Dr. C. Eurich has returned to 633 E. 137th street, New York city.

Dr. J. M. Patterson, Pulte, '87, has opened an office in Commerce Building, Kansas City. Eye, Ear, Nose and Throat.

Saith our wise Dr. H. C. Aldrich, "it is impossible to suit every one." Even so. By the way, Dr. Aldrich has been appointed surgeon of Minneapolis City Hospital, which will suit the patients there at anyrate.

Dr. E. Mather has removed from Paterson to 79 Grand street, Jersey City, N. J.

What, oh learned ones, will "evolution" do with man? Or does it stop with him of its own volition?

When a man writes "According to Stumpkins," etc., etc., we all regard Stumpkins as an authority, though we never heard his illustrious name before.

Dr. J. Nicholas Mitchell has removed to 1505 Spruce street, Philadelphia.

FOR SALE.—A physician's revolving medicine case. Cheap. Address J. Artz, M. D., Cramer Hill, N. J.

Alfred, N. Y., needs a homœopathic physician. Address Dr. J. P. Hunting.

A digger of wells always begins at the top in his profession. Wells are old, and so is everything else, even Part I. of this paragraph.

No, John Henry, you should not apply the term "entomologist" to a bacteriologist, it might not be considered quite the right thing.

Mumm's used in christening the Illinois. Good send off. Good stuff.

The History of Hahnemann College of Philadelphia is out. Buy it, ye men with libraries.

Your papers, and notes, and comments are always welcomed by the RECORDER. Send 'em in.

That paper by Dr. Wessellhoest in this number is a wonderful confirmation of Hahnemann's "dynamization" theory; won't do to let it go now, wouldn't be scientific to do so.

Saith our fashion exchange: "Pearls, coral, rhinestones, cantille, spangles, chenille and silk all figure on a single number of a fancy chiffon." And what may "chiffon" be that is so much figured on?

It has been suggested that "Thingumbobbine" would be a good name for a "medicine" to catch the reader's eye.

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## HOW SHOULD MATERIA MEDICA BE TAUGHT IN COLLEGE?

P. S. Replogle, M. D., Chicago.

(Lecturer on Materia Medica, National Medical College.)

In looking over the field of Materia Medica it seemed to the committee on "Course of Study" in the National Medical College, Chicago, that this important department should be taught during the four years, and, if possible, graded. How was the difficult problem to be solved? Could not certain related drugs be considered each year? Were not some easier to comprehend than others; were not some really elementary? It is believed that drug pathology should be comprehended as a foundation. This is given under the head of Toxicology when properly presented.

The advice of old Materia Medica teachers was sought, and one suggested that Hahnemann's polychrests be given to the first year students. A teacher of experience with beginners believed that such a list would prove too heavy for the first year work, and suggested a list which was finally adopted with little change. How should we divide the remainder of the drugs for the next three years? We learned that in certain colleges, that boasted to be strong on Materia Medica, they divided the drugs alphabetically into three lists; in other colleges each professor made his own selection. A conference of the Materia Medica teachers was called, and, after many meetings, the principal drugs in the Materia Medica were divided up for the four years, as follows:

First Year.	Second Year.	Third Year.	Fourth Year.
Aconite,	Gelsemium,	Veratrum Viride,	Baptisia.
Arnica,	Hypericum,	Ledum,	Calendula.
Apis m.,	Iodine,	Kali. Iod.,	Graphites.
Alcohol,	Arsenicum,	Argentum,	Carbo Veget.

First Year.	Second Year.	Third Year.	Fourth Year.
Belladonna,	Hyoscyamus,	Hellebore,	Stramonium, Glonoine
Bryonia.	Kali Carb.,	Chelidoneum,	Alumina.
Camphor,	Cuprum,	Lachesis,	Conium.
Chamomilla,	Borax,	Calcarea Carb.,	Colocynthis.
China,	Eupatorium Pref.,	Natrum Mur.,	Ferrum.
Coffee,	Opium,	Staphysagria,	Ruta.
Aurum,	Mercurius,	Nitric Acid,	Hepar Sulp.
Nux Vomica,	Plumbum,	Ignatia,	Podophyllum.
Terebinthina,	Phosphoric Acid,	Phosphorus,	Euphrasia.
Cina,	Silicea,	Sepia (Copaiba),	Pulsatilla.
Rhus. Tox.,	Croton Tlg.,	Urtica u.,	Ranuncula.
Spongia,	Bromine,	Causticum,	Phytolacca.
Lycopodium,	Sulphur,	Sanguinaria.	Kreosote.
Tobacco,	Cicuta.	Clematis,	Plantago.
Veratrum Alb.,	Ipecac,	Antimonium,	Aethusa.
Zinc,	Stannum,	Cocculus,	Mezereum.
	Thuja,	Platina,	Spigelia.
	Cactus,	Cimicifuga,	Crategus.
	Digitalis,	Strophanthus,	Apocynum.
		Secale.	Hydrastis.
		Caulophyllum,	Cantharis.

The plan for the first year is to take such works as Dewey's *Essentials of Materia Medica* (perhaps the best we have now) and use it for recitation, winding up the study of each drug with memorizing its chief characteristics. The class devotes two hours each week to this branch.

The second year lecturer considers the drug under the following outline: I. Names. II. Sources. III. How developed. IV. How it acts. V. Pathology. VI. Characteristics. VII. Related drugs. VIII. Antidotes. IX. Therapeutic guiding symptoms (secondary). Under the head of related drugs, he reviews the corresponding drugs given to the Freshman students, and shows how they compare. In addition to this review he is expected to have the students memorize the characteristic guiding symptoms. He is also given, it will be seen, additional drugs.

The third year professor, having the chair of Clinical Gynecology, is given a large number of drugs that act especially upon women. He is also expected to compare the drugs he lectures on with those given in the first and second year, e. g., after lecturing on *Verat V.* he compares it with *Aconite* and *Gelsemium*, etc.

The lecturer in the fourth year gives, not only his own list of remedies, but makes a comparison with similar ones of the previous three years. The senior student in that way gets a comparison by three different men, each emphasizing the peculiarity of each drug in his own way.

In addition to these lecturers we have one man who gives the principal drugs in an elaborate manner, and also a lecturer on Physiological Materia Medica, as given in the old school colleges. (Besides there is a lecturer on *Organon*, who has all the classes. The *Organon* in this college is classed as teaching the elements of practice, the stepping-stone to homœopathic therapeutics.)

The Text Books selected for the advanced classes were *Hering's* and *Farrington*, with *Breyfogle* Epitome as a compend for class-work.

This division of the work of teaching the Materia Medica as given above may not be the best, and experience may change it, but it seems to us as a step in the right direction.

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### WAKE UP!

Dr. O. Edward Janney, of Baltimore, in *The American Medical Monthly* for November, urges homœopathic physicians to arouse from their lethargy and let the world know what Homœopathy is and what it can do.

"Now let us have a change from all this. Let us practically encourage the distribution of proper literature teaching the principles of Homœopathy and showing the splendid results of their application in the cure of disease."

"Fortunately this ammunition is already prepared and at hand. So rich, indeed, is the supply that selection only is necessary to ascertain which, out of many, will prove most helpful. Let us glance at a few of the best of these writings."

"Dr. Samuel A. Jones, of Ann Arbor, some years ago wrote a little book which has been read by more people, probably, than any homœopathic publication. 'In the pages of *The Grounds of a Homœopathic Faith*,' many people have for the first time understood the reason for the results of homœopathic treatment. It may be regarded as 'First Lessons in Homœopathy.'"

"To follow this tract one could do no better, perhaps, than to select Ameke's *History of Homœopathy*, which tells in an interesting and popular manner the struggles and trials of Homœopathy and the heroic life of its founder, Samuel Hahnemann."

"A brilliant sketch of the life of Hahnemann is that by Dr. J. C. Burnett, of London, admirably adapted for those who contemplate the study of medicine. It is entitled *Ecce Medicus*."

“Sharp’s twelve *Tracts on Homœopathy* are popular, having reached their 14th edition. They are full of facts and are convincing, though a little heavy in style.

“A recent publication, suitable to hand out to the public, is *Answers to Questions Concerning Homœopathy*, by Dr. J. T. Biddle, of Monongahela City, Pa. It is a brief, full of convincing facts.”

“*The Truth about Homœopathy* was written by Dr. Wm. H. Holcombe, of New Orleans, not long before his death, in answer to an attack on Homœopathy, instigated by Dr. Geo. Gould, of Philadelphia, which like all attacks of this character, has but served to more firmly establish our cause. This tract is well adapted to enlighten the public.”

“Those who desire to know the foundation on which our system of cure rests should be advised to read *Homœopathy, the Science of Therapeutics*, by the late Dr. Carroll Dunham, of New York. As a second book, the *Organon* of Hahnemann is suggested.”

“Several years ago a most instructive and spicy discussion was carried on in the columns of the London *Times* by friends and foes of Homœopathy. These articles have been collected and published in book form under the title *Odium Medicum*. They furnish interesting reading, as the subject is viewed from many points, while the unfair attitude and bigotry of our opponents may be clearly discerned in their writings.”

And to the foregoing we would add that it would be an excellent plan for every waiting room table to be liberally supplied with this class of literature in place of dog-eared magazines and old copies of *Puck*.

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### CHLORINE IN DIPHTHERIA.

The New York *Times* of Nov. 11th contained a column with big head, about a wonderful new discovery. This brought forth the following response by Dr. Gillingham:

To the Editor of The New York Times.

In your issue of *The Times* of to-day is an article entitled “New Cure for Diphtheria,” which is valuable and interesting to both physicians and laymen. The headline and the text refer to the cure of diphtheria by the use of *Chlorine* as new, while, in fact, it has been in common use by a large proportion



of the medical profession for the treatment of that disease for thirty or more years. Dr. Constantine Hering, of Philadelphia, at least thirty years ago experimented with *Chlorine*, and published his observations and deductions at the time. Since then in every homœopathic college in the land the virtues of *Chlorine* have been taught. Dr. Hering, a friend and pupil of Dr. Samuel Hahnemann, respected and venerated by learned men of all schools of medicine as an unusually close and accurate observer and careful teacher, found *Chlorine* to have a disorganizing effect upon the blood to a profound degree, localizing its effects chiefly upon the mucous membranes of the throat and nose.

Dr. T. F. Allen, of this city, recording in his *Hand Book of Homœopathic Materia Medica* (published in 1889, being condensed from his larger "Encyclopedia") the effects of *Chlorine* upon the healthy, mentions among other symptoms, fever with frequent, then diminished, heart action, particularly severe dyspnœa, cyanosis, choking from constriction of upper air passages, discharge of corroding water and mucus from nose, stoppage of nose, tongue dry, ulcerations of the mouth, and soreness of throat from uvula to bronchi. This is, even in its condensed form, a picture sufficiently resembling the ordinary undrugged case of diphtheria to insure its use by the intelligent homœopathic prescriber in cases where the symptoms agree on the authority of the natural law of similars.

In the Hahnemann Medical College of Philadelphia, Dr. E. A. Farrington taught during the seventies as follows: "*Chlorine* has a special affinity for mucous surfaces, making the nose, both inside and about the alæ, sore. The mouth and throat, too, are affected with putrid-smelling ulcers. It profoundly affects the blood, producing typhoid conditions, and through the blood acts upon the nervous system."

Homœopaths, then, have been administering *Chlorine* for diphtheria for the past thirty years, not blindly in every case, but carefully selecting it in those cases in which the drug seemed to be indicated, and with satisfactory results. And one does not take a very great risk in predicting that the advocates of the "new" remedy will find in all epidemics, and under all circumstances, *Chlorine* will not save 96 per cent., for it is not a "specific," as there is no one specific for any one disease. The new method of preparing it and exhibiting it may increase its

efficiency. We have used it for thirty years in all strengths, from the raw gas to the millionth potency, and prepared in many ways.

But I will skip over the observations that might be made upon the parts the *Camphor*, *Menthol*, *Eucalyptol*, etc., play in the cure, and come to the point, viz.: that, because our friends, those who make the most stir in the scientific world of medicine turn only deaf ears to the world of scientific medicine, they subject themselves to the mortifying situation of publishing themselves the discoverers of remedies that scientific Homœopathy has been using these many years. During this year medical journals and the general press have told the story of two ingenious doctors who had recently discovered that the poison of the honey bee was a valuable remedy in certain forms of disease. *Apis mellifica*, the poison of the honey bee, has been one of the most commonly used remedies in the homœopathic pharmacopœia for as long a time as, or longer than, *Chlorine*. And the two widely heralded discoverers of this wonderful new drug prepared their remedy in the same way we have done for the third of a century. We will soon be hearing of some brilliant savant discovering the circulation of the blood.

H. P. GILLINGHAM, M. D.

New York, Nov. 11, 1898.

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## NOTES AND COMMENTS.

By Thomas C. Duncan, M. D., Chicago.

### The *Phytolacca* Fatty Heart.

To understand the effects of this remedy upon the heart we study the pulse symptoms first. We read from Allen's great storehouse, the encyclopœdia:

"Pulse *slow* and *feeble* (after one and a half hours)."

"Pulse *small* and *depressed* (after one and a half hours)."

"Pulse *very slow* towards evening (after a few hours)."

That is the first effect to show the pulse and heart, but afterward we read:

"Pulse rapid and *very feeble* (after five hours)."

"Pulse hard and full at 7 A. M. (second day)."

"Pulse eighty-four after third dose second day," and remained so.

"Pulse tense, strong, full, of about 100 per minute after he had ceased to purge."

"Pulse over 100."

"Pulse 110 *full* but *soft* at 3 P. M. (second day)."

These are the secondary effects and should be the therapeutic guides without doubt.

Here are some interesting chest and pulse symptoms produced by the drug within half an hour (after severe nausea and vomiting, bordering on unconsciousness).

"Pulse *small* and *thread-like*, irregular and with very much agitation in the chest, especially about the region of the heart."

There was also here "*extreme* faintness, countenance pale and hippocratic. Head thrown backward to its utmost extent."

These symptoms are interesting but will not prove safe clinical guides I fear.

Taking up now the cardiac symptoms as given in Allen, we read:

"Constrictive feeling at the præcordia, with pressure in the temples."

That belongs with the full pulse and is secondary, and, therefore, from a therapeutic point curative.

"Great pain in the præcordial region, very much worse by walking." "Could feel the heart very distinctly."

"Occasional *shocks of pain* in the region of the heart, and as soon as the pain in the heart ceases a *similar* pain appears in the right arm."

This last symptom was developed by old Dr. Walter Williamson, of Philadelphia, and Dr. Hering, and is surely reliable. It is secondary and therefore clinical.

Dr. Hering was doubtless justified in changing the expression in his condensed *Materia Medica* to "shocks of pain in the cardiac region; angina pectoris; pain goes into right arm."

He also adds:

"Awakens with lameness near heart; worse during expiration; cannot get to sleep again."

That symptom is met in progressive failing compensation—hypertrophy with dilatation and fatty degeneration. *Phytolacca* should do for these hearts what the carbonic Nauheim baths and passive exercise have done—reduce the fat and tone the heart. Try it and report.

N. B.—The last paragraph on p. 435, October RECORDER, refers to *Phytolacca* and not to *Cratægus*.

**A Valuable and Unique Homœopathic Work.**

In looking over a copy of *Pathogenetic Outlines of Drugs*, by Herincke I was rather surprised that I had not before seen its great value. Perhaps it was on account of the title. It is essentially an outline of the effects of drugs upon the healthy body. Remedy studies: Not theoretical, but a fair condensation of the symptoms and those arranged *by organs* just as we study disease. It is true that the condensation does not always show the primary and secondary or consecutive action as it should. But it comes nearer to being a pathological materia medica than any we have yet, and I wonder that our pathologists have not given it more attention.

The clinical outline under the head of "Employment among the sick" is valuable, notwithstanding its awkward heading. This outline work can be studied with profit by all who would successfully master the genius of the remedies.

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**A FEW REMARKS ON VETERINARY HOMŒ-  
OPATHY.**

**William J. Murphy, 230 West 58th Street, New York.**

There are not very many arguments advanced against veterinary Homœopathy. Ridicule the missile of the uninformed is the almost universal weapon employed by opponents of its use.

At most veterinary colleges the standard work on *Materia Medica* is by an English author, Finlay Dunn. He devotes several pages of his book to the subject of Homœopathy. He says the doctrine appears strange and unreasonable (no more so than the explanation of the efficacy of tuberculin), and if sound would stamp most diseases as hopelessly incurable, for it is only in a few exceptional cases that any similiarity can be detected between the symptoms produced by large doses of the remedy and those of the disease for which it is given. He says no known medicines are capable of developing symptoms such as those of thick wind, roaring, pleurisy, strangles, distemper or hydrophobia.

I have practiced veterinary medicine for about ten years and I know of no allopathic remedy that can cure thick wind or roaring. Then follows the time worn subjects, the similarity of cure and the minimum dose. Let us say again that Homœopathy does

not insist upon the small dose, but why use much when little will suffice? Most of the drugs employed by veterinarians, with any degree of success, act in accordance with the homœopathic law.

In this work on veterinary *Materia Medica*, known to every one who has studied veterinary medicine, we can find a remarkable article against Homœopathy, written by one who never made the subject a study, who is unfamiliar with the remedies of the homœopathic *Materia Medica*, one who has had no experience with the art condemned and his writings against its use—not his observations, but from convictions prejudiced and erroneous which are others' view—others, who like himself, were unfamiliar and inexperienced with the subject of their condemnation.

I have never met an opponent of veterinary Homœopathy who has ever had any experience with the subject. I have never heard any one antagonistic to its use say I used *Aconite* when it was indicated and it failed, I employed *Belladonna* in the watery discharge of influenza and it was void of action, I tried *Sulphur* in the disordered cutaneous integument and it was inert, I used *Arnica* on the bruised and lacerated limb and the inflammation spread, *Bryonia* failed to relieve the dry and hacking cough, the overtaxed heart failed to respond to *Digitalis*. No opponent ever said I gave *Camphor* and the diarrhœa continued. Never have I heard it condemned by a student of its doctrines. Its opponents can criticise a subject without any knowledge of its laws or abilities.

What can the homœopathist say in reply to the criticisms of his art? He can say I have used quinine and alcohol for pneumonia in horses with prescribed regularity, the regular old school treatment for the malady and the animals have died. He can say I have used *Sulphate of Magnesia* for bovine impaction, yet death triumphed over my efforts and relieved the ailing cow of all earthly cares. He can say I have given the prescribed allopathic remedies in canine distemper and the dog succumbed. He can say I have treated the horse ill with tetanus heroically—with *Chloral* and *Belladonna*—and the contracted muscles never relaxed, and he can say that when he treated them thusly, he was satisfied that if they died they had resisted all human efforts and thought their death was but an instance where skill was directed against an unequal foe.

Now pneumonia is a remedial disorder. To day bovine impaction does not carry with it the same fatal prognosis as it did in times gone by. Canine distemper has become but a slight indisposition and the almost hopeless tetanus bows in meek submission to the remedies of the homœopathic faith.

I have practiced veterinary medicine for about ten years. I have practiced according to allopathic principles and according to homœopathic principles, so I should be famaliar with the capabilities of both in the field of which I speak, and experience has taught me that Homœopathy is vastly more successful and to a veterinarian far more preferable, because he cannot ask his patients to partake of remedies intended for their benefit and a practice which permits of easy administration is of superior value, provided it attains the desired results. A practice which can suggest a remedy beneficial in diseased conditions and void of toxic possibilities is preferable, provided it is successful. A practice which brings convalescence without the drugs exerting irritant or poisonous influences is far more desirable than is one which has these drawbacks. Remedies inexpensive are more desirable than those expensive if they are efficient, and a practice of medicine whose Materia Medica offers remedies which cure when others fail is worthy the patronage of all who make the healing art life's study.

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### A LITTLE PEPPER.

Dr. Lawrence, in *Medical Brief* of November, thus discusses the present attitude of the medical "learned :"

"If we are to believe the dicta of our modern pseudo-scientists, the occupation of the physician is gone, sanitary laws are absolute, and the use of medicines for the cure of disease must be relegated to the limbo of the past.

"Disease, according to our wise men, is not the result of the violation of natural laws, but the product of bacteria, microbes, bugs, mosquitoes and flies.

"A man is afflicted with consumption. Our learned microscopist examines his sputum, finds therein certain bacteria, and straightway declares that the bacteria is the cause of the disease. He examines the cast off membrane of the throat of a child suffering with diphtheria. He discovers that the membrane teems with living germs, and at once concludes that *they* are responsi-

ble for the diseased condition, and administers antitoxin, not to cure the disease, but to kill the bacilli.

“These wonderful discoveries of the causation and cure of consumption and diphtheria were but the harbingers of the brighter day of our modern medical science.

“They were but the faintest suggestions of the great success that awaited the practice of fakism and charlatanry in the medical profession. The gold that clinked in the money bags of those who first profited by these false doctrines excited the cupidity of other so-called wise men, and they have given up all efforts to discover in Nature the remedies for the ills of the flesh, and are now devoted to the more lucrative, if not more benevolent, employment of killing bugs.

“Our readers have heard of the latest discovery of the celebrated Doctor Koch. This learned man found, what every rustic knew, that mosquitoes usually abounded around malarial swamps, and adopting the false reasoning of his school, that *post hoc ergo propter hoc*, he solemnly announces to the world that it is the mosquito that produces malaria.”

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## LETTER FROM JAMAICA.

Editor of HOMŒOPATHIC RECORDER.

The climate of Jamaica is delightful, ranging the year around from 60 to 90 degrees. Eastern portion it mountainous. Trees constantly green and roses bloom the year around. Kingston, with its beautiful harbor and mountain scenery, is situated on the south side on a sandy plain, seven miles by ten, with a gradual slope of seventy feet to the mile. Kingston has a rainy season in October and May, but the ground is so sandy that in an hour after the rain the ground is dry. Good bicycling, ocean breeze by day and cool mountain breeze at night make Kingston one of the best winter resorts. In January people here wear the lightest summer clothing. Ninety-five per cent. of the population is colored, Sabbath observing, church going, and speak the English language; very hospitable to strangers, especially Americans. Bananas, oranges, cocoanuts and all tropical fruits grow abundantly. On the mountains Northern garden vegetables grow.

The Boston Fruit Co. steamers leave Boston, New York, Philadelphia and Baltimore on Wednesday, arrive in Jamaica Mon-



day morning. Good hotels, board reasonable; cottages in suburbs, \$10.00 per month upwards. The people have had their diseases suppressed for years, so the nosodes are frequently indicated. Intermittent fever is frequently met with along the coast. I cured some cases of long standing with Boericke & Tafel's 200 potency.

Julian Taylor (colored), laborer, lives on northeast side Jamaica, sick with ague twelve months. Had taken *Quinine* in large and small doses in allopathic hospital two months. Chill from 12-1 P. M. No thirst. Fever long distressing. No thirst: pains in arms, legs; better walking. Sweat scanty, relieves when starting to walk; legs are stiff, heavy; pains in ankles, always better walking about. Itching on undressing, worse from scratching; stretches, yawns frequently, saliva runs out of mouth. *Rhus tox.* 200, one dose on tongue cured.

LINNÆUS A. SMITH, M. D.

Kingston, Nov. 16, 1898.

## THERE ARE HUNDREDS WHO THINK THE SAME.

MESSRS. BOERICKE & TAFEL.

*Gentlemen:* Having taken the 'RECORDER ever since graduating in '92, I feel as though I must write and commend the stand you have taken on the Pharmacopœia question, for I heartily agree with you that Hahnemann's ways of preparing and using our remedies were *right*, consequently we should stick to them.

Dr. Bacon's short article in the August number was splendid, and I wish we had more of them published.

T. W. STEPHENS, M. D.

Wilkinsburg, Pa., Nov. 21, 1898.

## OPENINGS IN THE SOUTH.

In the October number of the HOMŒOPATHIC RECORDER, on the "Personal" page, I note your query regarding good locations for a homœopathic physician.

I can name not less than fifteen cities of 10,000 or more inhabitants in the two States of South Carolina and Georgia where there are splendid openings for competent men.

I shall be pleased to give more definite information to anyone

who will send me his address, but must request that the writers be in earnest as I have no time to spare the merely curious.

Yours truly,

L. CURTIS, M. D.

*Augusta, Ga., Nov. 3, 1898.*

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## ACTÆA RACEMOSA OR CIMICIFUGA IN THE TREATMENT OF NOISES IN THE EARS.

By Dr. Marc Jousset.

Translated from *L'Art Medical* by H. P. Holmes, M. D., Omaha, Neb.

Here is another one of our remedies which has made its entrance into the allopathic practice and, like *Hamamelis*, *Hydrastis*, etc., is imported from America, where the homœopathic and eclectic physicians employ it daily.

In France the homœopathic physicians have used it for many years, not, it is true, in noises in the ears. MM. Albert Robin and Mendel gave a report to the *Société française d'otologie*, at the meeting of May 5, 1898, which was reproduced in *Médecine modern* entitled: Noises in the ears and their treatment by *Cimicifuga racemosa*.

Here is the portion of that report which takes up the treatment of several cases with *Cimicifuga*:

We have wished to treat the symptom of noises in the ears, we have employed for it *Cimicifuga* in every case where the symptom presented itself, independently of the condition of the ear. We have in the meantime grouped our different cases according to the auricular affection which the patient presented; that classification seems to us artificial, for the symptom of noises in the ear is always identical in itself; a single consideration appears to us to be important from a diagnostic point of view, that is, the date of appearance of the subjective symptoms, that is, their antiquity; in effect, this symptom will yield as much more readily as it is recent; and the cases in which we have obtained no result are precisely those in which the noises have extended over a period of many years [five, ten, forty-eight years].

In nine other cases the results were rapid and complete. We should, however, make an exception in two of these cases, which we shall briefly explain.

The first is of a man of 59 years, who has suffered from intense buzzing noises for the last two years; these violent and continual sounds coincided with a classical auricular sclerosis of both sides. The patient had been treated according to the classical methods and had experienced no relief from his condition. We prescribed for him from the first 15 drops of *Cimicifuga* daily without any result; the dose was then increased to 30 drops. At the end of two days the patient noticed the complete disappearance of the noises; he stopped the use of the remedy and the sounds returned. Returning to the drops, the noises again ceased.

The buzzing having ceased, the patient's hearing was much improved, without any other treatment of the ears. Unfortunately this patient, who at this time led a quiet existence, was obliged to accept a very laborious and fatiguing position; following this complete change of life, his general condition became worse, he suffered from digestive troubles and the noises were not slow in returning, in spite of the use of *Cimicifuga*.

In the second of these cases the success of the medication was a little less complete, but at the end of a longer time than usual. It was a patient 50 years of age, who, at the time of the death of her husband, was so emotional that she fell into a very pronounced state of nervous depression. She was at that time attacked with intense and continual subjective noises; she felt a continuous purring in the left ear, and in both ears sharp whistling and roaring. The noises distracted the patient by their continuousness; she felt like committing suicide. Examination of the ears showed us slightly diminished hearing; the tympani presented lesions which were common and ordinary to the age of the patient [a slight depression of the membrane and mortified color of the tympanum].

We prescribed fifteen drops of *Cimicifuga* daily, a dose which we have adopted the custom of doubling later on; it took the remedy a long time to produce its effect; it was only at the end of five months that the noises ceased. But we have reasons to believe that the treatment was not regularly followed.

Following a contusion on the eye the whistlings returned in both ears; the treatment was returned to and stopped the noises in a month.

In our opinion that case should be separated from the others; it was a case of subjective noises of nervous origin and main-

tained by a very pronounced neurasthenia. The ear itself probably had nothing to do with it. That case also shows us that if the action of *Cimicifuga* is ordinarily extremely rapid it may, in certain cases, be much more slow.

In all our other cases, in effect, the cessation of the subjective noises took place the second day after the beginning of the treatment. We have also been able, in certain cases where there was at the same time intense congestion of the tympanum, or of the drum, to verify a very rapid decongestion under the influence of the *Cimicifuga*. The same may be said of the sensation of heaviness and tension on the corresponding side of the head, frequently complained of by the patients affected with suppurative otitis.

We will close this article by citing a little experience which we practiced upon a patient who complained of roaring in the ears, the cause of which was an old ceruminous plug, which, by its presence, irritated the external auditory canal and tympanum; without touching the plug we prescribed for the patient thirty drops of *Cimicifuga* daily; at the end of two days the roarings had ceased. The plug was afterwards removed.

In closing we will present the following conclusions:

1. Roaring in the ears may be considered as the reaction of the auditory nerve irritated directly or by reflex.
2. *Cimicifuga racemosa* possesses an action upon the auricular circulation and on the reflex irritability of the auditory nerve. The medium active dose is thirty drops daily.
3. Noises of more than two years' duration are with difficulty influenced by *Cimicifuga*.

The homœopaths have not yet, so far as we have known, employed this remedy in noises of the ear, for we have other remedies which appear better indicated than it does by their pathogeneses. Meanwhile, if we refer to Allen's pathogenesis, we will find among the symptoms produced upon the healthy person appropriate to the ear:

“Pains in the ear; roaring in the ears.”

One might then say that *Actæa racemosa* is indicated by the law of similars in the treatment of noises in the ears.

\* \* \* \* \*

It is then quite evident that our confreres, in recommending this remedy, are only following the teachings of Homœopathy and that they practice Homœopathy as M. Jourdain made prose, without knowing it.

### REMINISCENCE OF AN OLD SOLDIER.

In the severe winter of 1849–50. after the Hungarian campaign, we had to make a frightful march of six weeks from Transylvania, passing over the Carpathian Mountains into Bukowina, and thence to Sauok in Galicia. Ever since then I suffered every winter and also in spring from a severe bronchial catarrh.

The doctors usually gave me calomel, but they always stopped it soon again, as the cough kept coming back, so that it generally took six weeks before recovery. I had no success with hydropathy, for in active service that can only be applied at night, and not even then with any regularity. This led me to Homœopathy. I was also led to it from a successful treatment of chills and fever, of which I was permanently cured by Homœopathy.

After a time, when I had become familiar with Homœopathy, I was especially benefited by *Phosphorus* in the 6th potency, thus one millionth part of a gramme. Of this I would take 15 drops in two days with excellent results.

In 1882, when I was lieutenant-colonel, commanding in the reserve, and was enrolling recruits at Rann, neither this nor any other remedy availed me. I had to give up and call in the staff-surgeon. But a few days later the illness became so violent that I had suffocative attacks, greatly frightening my wife.

In my despair I finally took a vial from my medicine box containing little homœopathic pellets, given me on my journey by Dr. Streinz as I was passing through Graz; it contained *Arsenicum* in the 30 centesimal potency, i. e., as good as nothing at all.

This removed all my symptoms. Nevertheless, I did not from that become a believer in high potencies. Even since then my cough rose twice to bronchitis, once in 1889 and then again in the year of the prevalence of influenza. Both these attacks were soon relieved by Homœopathy without worse consequences. The cough still returns twice a year, but under homœopathic treatment quickly runs its course.—*Colonel E. von S., in Leip. pop. f. Z. Hom., May, '89.*

## CASES OF HÆMOPTÆ.

By Dr. Robert Staeger.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Zeit. Hom.*, Feb., 1898.

1. On the 25th of February, 1897, I was consulted by a sculptor, 29 years of age, on account of hæmoptæ attended with a dry cough, from which he had been suffering for three weeks, during which time he had fallen off a great deal. At times the saliva was only tinged with blood, at other times it was all of blood-color. There was no scorbutic state of the gums, the blood came from the lungs.

An examination showed a dull sound in the supra-clavicular and the infra-clavicular regions on both sides, with a dry rattle of small bubbles, attended with *some metallic tinkling on the right side*. On both sides there was bronchial respiration. The diagnosis was clear; there was a tuberculosis of the lungs and the blood, *i. e.*, the bloody sputa, came from a small cavity which, according to the examination, was on the right side.

Looking to the ætiology of the hæmoptysis, I prescribed *Arsenicum jod.* 4, a piece as large as a pea, taken dry three times day. The effect was truly striking. When he returned in a week he complained neither of spitting blood nor of cough. His appetite also, which had failed him entirely, was coming back. Percussion, indeed, still showed a dull sound on both sides, but auscultation showed no more rhonchi, only bronchial respiration. On continuing the remedy, the patient became well and the spitting of blood ceased entirely.

2. I had another case last October. A cabinet-maker, 38 years of age, who had before consulted me on account of a phthisic cough, was seized on October 20, with hæmoptysis, which, though slight, was of frequent recurrence. *Arsenicum jod.* together with confinement to his bed at once checked the hæmoptæ, and the dry cough, which had also returned for some days, disappeared at the same time.

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THE WILL OF DR. SCHUESSLER.

Dr. Med. Schuessler has made the city of Oldenberg his legatee. We read concerning the transactions of the Municipal Council as reported in the *Oldenburg Zeitung* of the 12th of April the following:

“From the property of the deceased 93,700 mark are to be paid out in legacies the city itself is to receive 3,000 mark. The remainder shall remain as the capital of a fund under the care of the magistracy for the support of deserving and indigent persons without distinction of faith. The property consists of 145,000 mark besides a house on Peter street, with its furniture. The magistracy moved the acceptance of the heritage and the sale of the house and furniture.

“As to this fund the president communicated the further conditions as found in the will, namely, that the persons thus aided should have lived at least for three years in Oldenburg, and the deceased had fixed on 300 to 400 mark as the amount to be paid to each individual.

“Oberburgermaster, Dr. Roggeman, remarked that the city thankfully receive this fund. The house on Peter street and everything belonging thereto would be sold at public sale as soon as practicable. He did not advise that those to be supported from this fund should be moved to this house. The value of the house as appraised in the insurance office was 18,000 mark.

“The president, Judge Rund, then pronounced a warm eulogy on the deceased: ‘It is a duty of gratefulness to here make mention of the founder, whose will showed great generosity and a noble philanthropy. Many needy ones will be aided by this fund, and he hoped that those aided would ever gratefully remember the departed. He had shown great confidence in the magistracy of the city in giving it a free hand in the disposal of this fund. Honor to his memory!’

“All present assented to this eulogy by a standing vote. It was resolved that the city councils should at once accept the legacy and their determination to dispose of house and furniture at a public sale was approved of.”

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## TREATMENT OF THE EYES WITH CHILDREN.

From the *Med. Monatshefte f. Hom.*, October, 1898.

A distinguished oculist gives the following rules for treating the eyes of children:

1. Do not allow the light to fall on the face of children while they are sleeping.
2. Do not allow children to direct their eyes on one and the same object for too long a time.



3. Do not allow children to study too much with artificial light.

4. Do not allow children to use books with small print.

5. Do not allow children to read in a railroad train.

6. Do not suppose that headache necessarily comes from the stomach, it may come from the eyes.

7. Do not allow an optician or any peddler of spectacles to prescribe spectacles, but let the children's eyes be examined by an oculist.

8. Children ought to have sufficient exercise in the open air, and if possible on green meadows or fields, for the green color is favorable to the eyes.

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## TREATMENT OF CYSTITIS AND CATARRH OF THE BLADDER.

In the session of the *Société française d'Homœopathie* of February 9th, 1898, the treatment of cystitis and of catarrh of the bladder were discussed.

Besides the better known remedies *Cantharis* and *Terebinthina* Dr. Jousset recommends for tenesmus (painful urging to urinate) in nervous people, *Tarentula*. Pains after micturition, according to Dr. Cartier, point to *Cubeba*.

*Ferrum phosph.* is only useful where the pains appear only while standing.

In cystitis with women, during the menses, *Eupatorium purpureum* is suitable, and in cystitis with gouty persons, *Nuxvomica*.

*Equisetum* has, according to Dr. Simon, the following symptoms: Painful sensitiveness of the bladder, which does not cease after micturition, sensitiveness of the region of the bladder and pain extending from the inguinal region toward the abdomen. Painfulness of the testicles and of the seminal vessels, very frequently after painful urging to urinate, not always assuaged by satisfying the demand. Urine, small in quantity. First effect: polyury (copious micturition) with clear urine, accompanied with many erections, burning in the urethra without any discharge. (*Revue Homœopathique Française*).

## OF THE VALUE OF OLIVE OIL IN THE TREATMENT OF TYPHOID FEVER.

The *Lancet* publishes an article on this subject by Owen F. Paget, M. B., B. C., Cantab., a portion of which we quote as being a decided novelty in the treatment of typhoid fever:

“Typhoid fever is merely an inflammation of Peyer’s patches usually followed by ulceration. It will be a long time (if ever) before we can prevent this taking place. The onset is so insidious that even were we able patients would not come early enough to the physician to give him the opportunity. The problem, therefore, resolves itself into treating an inflamed and possibly ulcerated surface, and the same laws hold good here as in any other part of the body—namely, rest and protection from irritating substances and collection of discharges.

“As a proviso

it is necessary to remember that the patient must not starve. Now, to keep these ulcers at rest, and to remove irritating substances, all that is needed is salad oil. This is given as an injection by the bowel, a large breakfast cupful (from a quarter to half a pint) being used for the first four or five days at intervals of from twelve to twenty-four hours. Its benefits are distinct from the first, the temperature almost always falls 1 deg. F., and the patient, instead of being irritable and restless, becomes calm and composed. After the fifth day it may be given every second day, or left off entirely if the patient is having natural motions at least every twenty-four hours and if the temperature is steadily falling. There are, however, a certain proportion of cases which do not respond to injections; nothing comes away and the bowel is apparently empty, but it is in these very cases that the accumulation is worst. Suddenly the temperature runs up and the patient is seriously ill. Now it is the very virulence of the accumulation which, paralyzing the gut, prevents its coming away.

“The remedy is simple.

Give olive oil by the mouth, a large breakfast cupful at a time; there is no need to be frightened, no harm will result, but the bowels will almost certainly respond, and injections are now able to manage the rest. If the first dose is without effect repeat after twelve hours.

"Olive oil in typhoid fever is a perfect boon to the general practitioner. He can leave his patient fearing neither high temperature, delirium, insomnia, heart failure nor tympanites. I have never used the wet pack or other appliances for lowering the temperature (except sponging with vinegar and lukewarm water), nor have I ever used any of the vaunted intestinal antiseptics, never having had a high temperature or other complications which did not respond to salad oil, except in two cases. The first was that of a boy with hæmorrhages whose father and mother were always drunk and neglected him disgracefully. The second was a case of mitral stenosis which came under my care in the late stage of the disease. The patients in both cases ultimately recovered.

"Lastly, I would say that there seems to be no danger in conscientiously palpating and percussing the abdomen for the first week of the disease, and it is a valuable aid in estimating the disappearance of accumulations, though the temperature and general bien-être of the patient are now my usual guides."—*Health.*

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### THE TOBACCO HABIT.

When a man tells me that he cannot stop using tobacco I know that he means he will not. Of all habits this is the easiest to break, and calls for the least exercise of will power. The physical sensations following a withdrawal of the weed are trifling, and at no time does the craving for a smoke approach to a fractional degree the desire of the drunkard for his dram.

It seems to me, therefore, that when a hypnotist takes credit to himself, or to the power of suggestion, for having in one week or less broken the tobacco habit in a patient he is congratulating himself without cause. There is nothing to break. The tobacco habit is not worthy to be called a drug habit.

A man smokes because it is pleasant, and he is unwilling to let a pleasure go by, having none too many. Moreover, tobacco-using gives to the sedentary, inactive man the sense of being employed, of doing something, of existing for some purpose, even if it be only to blow rings of smoke into the air.

I express no opinion here upon the ethics of smoking—that is no affair of mine, since each man must be a law unto himself upon the point. But upon the effect of discontinuing the use of tobacco I may claim to know something, having used tobacco for

smoking purposes in pipes, cigars and cigarettes for the past eighteen years. I was what is called "a heavy smoker," preferring strong tobacco and rank old pipes. For the past two years, however, cigarettes have been my choice, and the average consumption has been about thirty a day.

Obviously, if there is such a thing as "The Cigarette Habit" I must have contracted it, but I am convinced the whole thing is a myth, and that anyone who makes up his mind that he does not wish to use tobacco any more can cut free at once and without difficulty or suffering.

About three weeks ago I laid down a half-finished cigarette with the remark that I would stop smoking if a certain person present would agree to stop drinking. The bargain was struck and no more was said.

Then I found out the reason why they who stop smoking for a time relapse. There was nothing to live for. There was no physical craving for the taste of tobacco, but there was a blankness, an incompleteness about life that was very marked.

The tobacco-consumer does not eat because he is hungry; he eats because he can enjoy a smoke after eating. So when I gave up tobacco I found that although my appetite immediately returned, there was nothing to look forward to after a meal, and the day seemed wasted and unfinished.

This means that the man who gives up tobacco must reorganize his life. It is easy to sit still and smoke; he must learn to sit still without smoking. It is easy to be happy and smoke; he must learn to be happy without smoking.

The temptation to return to tobacco is simply the laudable desire to employ the idle moments to the fullest advantage. A man may enjoy idleness, but he cannot be contentedly idle unless he is doing something.

This sense of incompleteness in living without tobacco wears off in less than a week, and in its place comes greater physical and mental activity, keener appetite, a zest, an enjoyment in being alive, and a pernicious habit of waking early in the morning.

I am not altogether clear that the advantage lies decidedly one way or the other, but am free to confess that the use of cigarettes is a bar to aspiration and the realization of ideals. It is, on the other hand, a spur toward the expression of a dry humor which is to the parched spirit as lemonade to the picnic-goer.

But as to the danger of the tobacco habit fastening its clutches upon the young man, to drag him to an early and a dishonored grave, I cannot see, friends, how this contention can be sustained, seeing that the habit is as easily broken as a suit of clothes is easily changed.

There is neither nervousness, nor pain, nor strivings, to be apprehended, merely a slight restlessness, which is scarcely important enough to demand attention.

How many mothers blame tobacco for the downfall of their sons! The blame should fall not upon the weed, but upon the indecision of temperament, in the shaping of which the home training in years before tobacco had become habitual was the predisposing cause.—*Sidney Flower, in Suggestive Therapeutics.*

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### TREATING THE UNBORN.

Mrs. C. lost her first three children in their early infancy. One, a few days after the birth, was found dead in bed beside the mother, death having come so quietly as not to attract attention. The other two died a few hours after their birth, it was said, from no known cause except lack of vitality.

Learning the above facts from the father, who consulted me for epileptiform attacks from which he suffered, I advised prophylactic treatment for both prospective parents. The father was cured of his convulsions, chiefly through the agency of *Nuxvomica*, before the next conception of his wife; and the mother was given *Sulphur* on account of its anti psoric properties, and later, *Calcarea phosphorica*, partly on general principles, but chiefly because of its indication in conditions of low vitality, especially in children. The child that was born is now four years of age, and her health has been such that she has practically required no medicine since her birth.

Mrs. D.'s first born died at the age of twenty-three months from chronic hydrocephalus. Her physician said that if she were to have a dozen children they would all be idiots. Upon what he based this prediction I do not know.

She was a large woman of leuco-phlegmatic temperament. *Calcarea* was obviously the remedy to prevent idiocy or hydrocephalus in No. 2. This remedy has the recommendation of Grauvogl and the endorsement of Farrington in this connection,

and was accordingly given. The boy is now six years of age, has never been sick, and a brighter intellect cannot easily be found.

The family history of Mrs. K. was bad, having lost several members of her family from tuberculosis. Her first child was very frail from birth. The fontanelles were large and the cranial bones thin and delicate. During the whole of the first summer the little one was in a precarious condition. Several times it came very near dying from cholera infantum or enterocolitis. During its second year it developed tuberculosis of the spine and finally died.

In the two subsequent pregnancies of the mother she took *Calcarea*, and the children, now nine and twenty-two months of age respectively, are healthy.

From the foregoing cases, and others not named, I am convinced that there is a truth at the bottom of this subject well worth attention, yet very little is said of it in medical literature.

If disease and death can be prevented by prophylactic medication, is it not our duty to arouse ourselves to a realization of the possibilities before us in this direction? We should not allow our attention to be called to physical defects of parents by the death of several of their children, but rather be prepared to detect and combat physical weaknesses and taints in prospective parents before such taints become entailed upon their first born.  
—U. A. Sharrell, M. D., in *Am. Med. Monthly*.

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### PASSIFLORA INCARNATA.

I was called to see a lady, aged 44, presenting the following symptoms: Temperature 102; a general feeling of numbness; aching in the back of the head, extending down the cervical region, with a tendency to draw the head back; a heavy feeling and a sharp pain in the epigastrium, the pain darting to the ovaries and then to the lumbar region. Patient told me she was passing through the change of life, had not menstruated for four months, had trouble in passing urine, and feared she was about to become paralyzed.

Directed *Passiflora* to be given in doses of one drachm every hour till three doses had been given. The first dose made a great change in her feelings, and in three hours I found her in a gentle perspiration, bowels moved, a free and comfortable pass-

age of urine, a free flow of the menses and all pain gone. I considered that the medicine had acted upon and through the sympathetic nervous system, and also relieved the portal congestion which was manifest in the case.

I believe this agent will be found a laxative by its action through the sympathetic nerves, thus relieving portal congestion quicker than any agent I am acquainted with. I have repeatedly proven this action with a certainty not common to any other agent known to me in this condition of disease.

It also soothes the irritation of hæmorrhoids, which result I think comes chiefly from its influence on the portal circulation. From this and its action on the sympathetic nerves it becomes one of our most suitable remedies for mucous and irritable diarrhoea. Have had good results from its use in flux, where it allays nervous irritability, and gives quietude to the patient.—*Dr. Reed, in California Medical Journal.*

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## SENECIO.

Lyman Watkins, M. D., Blanchester, Ohio.

*Senecio* is a remedy which the writer's experience has led him to believe of use in difficult menstruation. We sometimes meet with cases in which there is much pain and distress in menstruation, so much indeed that the patient is compelled to remain in bed during all or part of the menstrual period. In some cases ladies form the morphine habit by taking that drug at first to allay menstrual pain. It may happen that the patient hardly recovers from one attack before it is menstrual time again, and thus she becomes a chronic invalid. The menses may be either scanty or profuse but in every case the flow is attended by great pain and discomfort. It is in such cases as these that *Senecio* is valuable, not to be given at the time of menstrual distress, for present relief, but for administration during the intervals to prevent the painful periods.

Under the use of *Senecio* all pain is usually prevented and frequently the patient will "come around" without premonitory symptoms, being agreeably surprised to find herself "unwell" and without pain. Even in those cases in which the pain is not entirely prevented, the patients are very much better. Many of my patients express their gratitude for this remedy and say they would not be without it. In some instances after the remedy



has relieved painful menstruation and has been laid aside, in a year or so the painful periods have returned, but the administration of *Senecio* for a time, has again relieved them, and the patients have expressed themselves to the effect that they would rather take the remedy constantly than suffer as formerly.

Females taking *Senecio* generally improve in health and strength, accumulate flesh, become light-hearted and cheerful. This may be due to some tonic influence of the *Senecio* or to natural recuperative efforts, a reaction from the depressing effects of painful and difficult menstruation.

I feel that I can urge the efficiency of *Senecio* in ordinary dysmenorrhoea, but would not attempt to say that it will cure all cases, for in some there may be obstructive organic lesions which cannot be relieved by medicine, but require surgical treatment. These *Senecio* will not cure.

I have used *Senecio* in about one hundred cases of difficult menstruation and have succeeded in relieving all of them, more or less; many of them are entirely well. Of course one hundred cases in the hands of a single experimenter are not enough to establish a remedy. I would like to hear that a thousand of my professional brethren had used the remedy as suggested and to read their reports. Something reliable and useful might then be evolved.—*California Medical Journal*.

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### THE TWO GRINDELIAS.

Dr. H. T. Webster, writing under this heading in the November *California Medical Journal*, says: "I confess that I am a little tangled upon this subject. *Grindelia squarrosa* and *Grindelia robusta*, while seemingly therapeutically distinct, seem physically very much confused. Pharmacists seem to be very much at sea in the matter, as well as physicians, and many of them have quit offering *Grindelia squarrosa* as a separate product at all." The *Squarrosa*, he says, I learned to value "above all other anti-malarial agents I have ever used." *Grindelia robusta*, which by the way he had great difficulty in procuring owing to the fact that several houses supplied the *Squarrosa* when *Robusta* was ordered, was found in practice to be a most excellent local application in all forms of malignant ulceration.

## HOMŒOPATHIC SUCCESSES.

By Dr. Hesse in Hamburg.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter* of October, 1898.

A six year old child had under my treatment successfully passed through scarlatina with diphtheria, followed by Bright's disease with a moderate dropsy. The disease of the kidneys had been indicated by vomiting, and this vomiting also continued after the disappearance of the albumen in the urine. Then there followed a state, continuing without change, for fourteen days, and this seemed to be carrying the child to a certain death, somnolence by day and by night, only occasionally interrupted by taking food and frequently by vomiting. There was vomiting of all the ingesta or of mucus six to eight times a day with a torturing retching.

Before the vomiting there is great anguish and restlessness, troubles which the child cannot describe; after the vomiting there seems to be an alleviation. No appetite, a moderate thirst, stool constipated, urine dark, becoming turbid with a red sediment of sharp odor. Pulse of striking slowness, about 50 a minute.

The case was very perplexing. The remedies selected effected no change at all; the state became daily more threatening from the increasing debility.

In again taking up my study of the case, I started from the alleviation of the state after vomiting, and searched among the remedies which Boenninghausen indicates therefor. Among the seven remedies indicated, (to which, from other sources, I added *Ipecacuanha* and *Glonoin*) *Digitalis* most excited my attention from the slow pulse which is a striking characteristic of this remedy; and in reading up in Jahr and Hering, I found the symptoms very suitable for my case; somnolence also intermixed with fits of convulsive vomiting; also vomiting day and night; continuous vomiting, even to death; vomiting and then alleviation of the ailments; pulse retarded extraordinarily; urine dark, becoming turbid on standing; brick dust sediment in the urine; ammoniacal smell (v. Boenninghausen). The child received five powders of *Digitalis* 10, one powder in the morning and one in the evening.

At once, after the first powder, a radical change of the state followed. Next day the somnolence, vomiting (this appeared only once more on the third day) and the lack of appetite had disappeared. The child wants to eat every moment, and can stand food. After the fourth powder, I counted the pulse at 80.

The urine is much more copious, pale yellow, without either smell or sediment.

The child needed no more medicine.

*Digitalis* was undoubtedly the simillimum, and there was no other remedy that could take its place in this case. This is the second time in my homœopathic practice that I used *Digitalis*; the first time with success (lasting at least for several years) in a case of ascites described years ago in the *Allgemeine Hom. Zeitung*; in this case the retarded pulse and the whitish diarrhœa led me to this remedy.

The above case indicates that general symptoms, such as somnolence and vomiting should not be taken as starting points in selecting a remedy. Von Boëninghausen mentions *Digitalis* only as the fourth in his list, and yet I found under *Digitalis* the symptoms so peculiarly suited for my case. "Somnolence, also with intermixed fits of convulsive vomiting."

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### A SUBSTITUTE FOR ANTITOXIN.

Dr. J. W. Lawrence writes: "Clinically, it has been found that the hypodermic use of this solution produces the same effects claimed for antitoxin, namely, a lowering of temperature, and amelioration of the inflammation in the throat. When used early, before extensive blood changes occur, and in patients having a reasonable amount of vitality, it often aborts the disease. This is a valuable item of knowledge which we have gleaned from our experience with antitoxin. Having extracted this single grain of truth from Behring's fad, it makes no practical difference to the profession whether he succeeds in maintaining his patent or not."

The solution here referred to is one of carbolic acid, with which antitoxin is preserved and in which Dr. Lawrence claims resides whatever curative virtue there is in antitoxin and distilled water.

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WHOOPING COUGH.—I have been in practice now for over forty-two years (Hahn., Phil., 1856), and have had to treat

many cases of this disease, and, with two exceptions, have cured them all with *Mephitis* 4x. If you give the 3x they will think they are taking onions. One case had violent epistaxis, and another was so severe I gave a few doses of *Amyl nitrate*, 2x, in water, then followed with *Mephitis*.—A. M. Cushing, M. D., in *Hahn. Monthly*, October, 1898.

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## CASES FROM HOMŒOPATHIC PRACTICE.

Translated for the HOMŒOPATHIC RECORDER from the *Med. Monatshefte fuer Hom.*, Nov., 1898.

### A Bryonia Case.

1. Mr. G. for several days had had stitches in the costal region. As he supposed that the lungs might be touched he called in a physician. He found the lungs perfectly sound and diagnosed the case as rheumatism, and thought that he recognized the cause of this in the moist wall by the side of the patient's bed. He ordered him a bottle of medicine and a salve for rubbing in. A few days later the pain extended from the left side into the arm and even down into the fingers, and a few days later into both feet. Here the pains increased and became tearing, drawing, twitching, lancinating and shooting. On the ankles and on the soles of the feet a swelling formed. It became almost impossible to walk, for the ankles pained as if they were sore and ulcerated and the patient had a feeling as if he were walking on the bare bones. The allopathic remedies used had no effect. Now they sought help in Homœopathy. *Bryonia* 4 D., three drops in a spoonful of water every two hours, brought an improvement next day, and after 8 days all the pains and the swelling on both feet had disappeared and Mr. G. had as good use of his feet as before.

### A Natrum Mur. Eye Case.

2. A young man had an inflammation of the eyes, tears being secreted in abundance; these colored the linen compress which he tied on his eyes on account of his photophobia a dirty grey color. The photophobia was most sensible with respect to artificial light. The white of the one eye was especially deep red, and the sensation of a fog before the eyes made all work impossible. I selected *Natrum mur.* 6 D. in the trituration, especially since the patient stated that his eyes had for some time before had a tendency to lachrymation, especially in the morning on

awaking. On the second day he was able to remove the bandage as the photophobia had sensibly diminished. Also the fog-giness before the eyes disappeared more and more; the redness of the white of the eye did not, however, disappear before the eighth day. On continuing the use of the remedy also the troublesome lachrymation gradually ceased.

### A Surgical Case Needing Homœopathy.

3. Miss L. had been treated allopathically for a long time owing to a painful glandular swelling in the lower jaw. They had been unable to dissipate it either by ointments, hot-water compresses or poultices, and it had finally been handed over to the surgeon. The wound was very long in healing up, and when this was at last effected the patient was not yet free from pains. She continually felt a pulsating, burning pain radiating toward the shoulder from the place of the cicatrix. The physician consoled her that time would heal this. But this comfort was not realized. The patient finally sought help from Homœopathy. Alleviation, improvement and finally a complete cure were effected by means of *Hepar sulph.* and *Mecurius sol.* The first remedy was taken in the morning before breakfast, the second remedy at 11 A. M. and in the evening before going to bed; 4 drops in a spoonful of water were given as a dose, the treatment lasting three weeks.

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## CONCERNING WOMEN.

(From the Aphorisms of Hippocrates.)

When a woman vomits blood she will recover when the menses appear.

If a woman, whose menses are retained, has epistaxis, it is good for her.

If the mammæ of a pregnant woman suddenly shrivel up she will have an abortion.

If women who are unusually corpulent do not conceive, it is because with them the omentum compresses the *os uteri*, and they will not conceive before their obesity has diminished.

If much milk flows from the breasts of a pregnant woman this points to a weakly foetus, but if the mammæ are tense it points to a healthier foetus.

With women in whom the foetus is threatening to die the mammæ shrinks together, but if they regain their tenseness pains will appear in the mammæ, in the hips, the eyes or the knees, and the abortion will not take place.

If pregnant women, without any appreciable cause, are seized with fevers and become emaciated, they will have a hard delivery attended with danger to their life, or they will have a dangerous abortion.

If women during their menses are seized with convulsions and fainting fits, they are in danger.

If the menses appear in a pregnant woman the foetus can hardly be in good health.

If the menses stop in a woman, without any chills or fever, while she loathes food, she may be sure that she is pregnant.

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## ON VACCINATION.

Translated from *Hom. Monatsblätter*, November, 1898, for the HOMŒOPATHIC RECORDER.

The following observations of the Imperial Councilor and Member of the Diet, Prof. Jos. Schlesinger in Vienna, are recommended to the especial consideration of all the friends and the opponents of vaccination:

“I look at the man who is to be vaccinated. He receives some cuts on the upper arm and the vaccinator introduces the vaccinating lymph. Now, suppose the formation of the pustule and of the lymph should proceed according to the wishes of the physician, then there has been a morbid process developed in the vaccinated person. *The constitution of the person vaccinated has defended itself against the vaccine poison introduced*, and has ejected the substances violently injected into the body by means of *pustules*. This *defensive act* of man's nature can not be denied, for the pustules are a proof of it. But if no vaccine pustules are formed with the vaccinated person, then *his constitution is not strong enough to throw off the vaccine poison*; the poison then remains in the body and causes many diseases with the person vaccinated, according to the state of his body, and these diseases are often so dreadful that they sometimes take away the life of the person vaccinated, and in the most favorable case nature throws off the vaccine poisons in the ordinary way of the transmutation of the substances of the body.

Observations have taught that in epidemics of vaccination the persons vaccinated in frequently very considerable numbers resist the infection better than persons not vaccinated; thence the conclusion has been drawn *that vaccination has protected against smallpox*, and the friends of vaccination hold to this *belief*. But in this belief we find the great danger to the life and health of innumerable men.

I would beg the reader *to consider*:

That in a vaccinated person, where the formation of the vaccine pustule runs its normal course, this is a sign that such a man has AN ORGANIZATION WHICH IS NOT INCLINED TO SMALLPOX, *whose constitution eliminates the poison of smallpox from his body*.

What then is vaccination?

One should think that everyone who at all considers the matter must find out what vaccination really is! I am not sure whether what I now say has been advanced anywhere else in vaccinating literature or not.

VACCINATION IS MERELY A TRIAL TO SEE WHETHER THE PERSON VACCINATED HAS THE POWER TO RESIST SMALLPOX.

If, therefore, in an epidemic of smallpox, the persons vaccinated do not become sick of the smallpox or only have a mild form of it the cause of the exemption *is not vaccination*, but the favorable state of health, which, *in spite of vaccination*, protects against the vaccine poison. Such persons would have been just as safe from smallpox *without vaccination* as they were with vaccination.

Whosoever is vaccinated, therefore, only undergoes an examination to see whether his state of health is of such a nature as to be receptive of the vaccine poison. If his constitution is not receptive of it it throws off the smallpox poison by means of the vaccine pustules. Thus such a constitution is *already immune* and is not made so through vaccination.

If, therefore, the friends of vaccination wish to prove by statistics that the vaccinated persons are much less apt to take the smallpox than those not vaccinated, and ascribe this to their vaccination, they commit a great error; for those who show their fine vaccine cicatrices as a sign of their successful vaccination only fail to take the smallpox because they still possess a good state of health able to withstand smallpox as they had before when they were vaccinated. *We should, therefore, put the*



*number of the vaccinated persons who do not take the smallpox, or who only take it in a mild form, to the side of the unvaccinated persons and to their credit. The statistics adduced by the friends of vaccination are, therefore, no proof at all that vaccination protects, and this we must maintain with respect to all the statistics of vaccination. These do nothing else than throw sand into the eyes of the public so that it may not find out the uselessness of vaccination."*

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## ARTEMISIA AND EPILEPSY.

By Dr. Moeser.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*, November, 1898.

Homœopathic physicians in treating of epilepsy have repeatedly called the attention of their colleagues to a remedy which does not, indeed, belong to the so-called polychrests, but, nevertheless, deserves more attention than is actually given it, namely, to *Artemesia*. Of this plant three species are used medicinally. There is *Artemesia abrotanum*, which was especially used with preference by the well-known late Dr. Deventer, of Berlin (who also wrote a peculiar Pharmacopœia), but he used it not in epilepsy, but in the atrophy of children having increased appetite but defective digestion; then also in gout and in cases of freezing (in chilblains, where he also applied it externally!). *Artemesia abrotanum* may not be considered in epilepsy. The other two species of this plant, however, compete in this disease, and especially the species called *Artemesia vulgaris*, in common life *mug-wort*. From the fibrils of the root, dug up in the latter half of November, a tincture is made, having an agreeable smell of malic acid, and which is also given undiluted in doses of one to two drops at a time. It has been found that the plant growing wild in overgrown fields and in fence-corners is more effective than plants raised in gardens.

Dr. Schweickert with this tincture cured an epilepsy caused by fright with a lying-in woman in a very short time. Also the earlier physicians have considered *Artemesia vulgaris* as an actual specific in epilepsy. It is said to be most suitable in cases connected with menstrual troubles and where the attacks take place several times a day with brief intermissions. Also other physicians have found *Artemesia* very useful in epilepsy and in

the epileptic states of young people, but exclusively in cases where the attacks appeared with striking frequency. So far as I know there has not yet been made any homœopathic proving of this remedy; but it might be well worth while still to institute such a proving.

Also the third species, *Artemisia absinthium* — wormwood — has been tried and recommended in epilepsy. We have a homœopathic proving of *Absinthium*, as also of *Abrotanum*, but I am sorry to say that it is incomplete and affords no characteristic symptoms which might form a certain guide in its selection. But it is well established that from the use of absinthe epileptic attacks may arise; it has also an influence on the womb, promoting and increasing the menses, but it is said to weaken at the same time the sexual functional activities and to cause the body to become emaciated.

In a case of violent epilepsy that lately came under my treatment, I had an opportunity of comparing the effects of these two remedies, and I received a decided impression that *Absinthium* surpasses in its effects *Artemisia vulgaris*; for while the case showed only a slight improvement after *Artemisia vulgaris* the improvement after *Absinthium* was decided and continuous. The attacks ceased and have not since returned. It is true that the time that the case has been under my observation is brief, but it was considered as an unheard of event by the relatives that the attacks had been checked at all, because this had never been obtained with any other remedy.

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## CHRONIC SWELLING OF THE KNEE CURED.

Arsenicum 30

By Dr. V. Villers, Sen.

Translated from *Hom. Monatsblätter* (November, 1898,) for the HOMŒOPATHIC RECORDER.

### VI.

Mrs. T., 41 years of age, married and the mother of five scrofulous children, of medium size, dark brown hair, healthy color, of spare build and of limited muscular development, regular in her menstruation, has been suffering since her sixteenth year from a swelling in the knee, recurring periodically. Nothing could be found out as to the external cause at the first

appearance of the trouble; nor about any previous diseases. In the first years the patient had violent pains every nine days, later every twelve days, with the exception of the months of pregnancy; these pains were at first tearing pains in the extremities and pains roving about in the head, with loss of appetite, a strong smell from the mouth and quickly alternating changes of chilliness and heat, without any perspiration, with unchanged pulse. After about twelve hours the pains fixed on the right knee, from which they extended to the ankle and the hip-joint, scraping along, as it were, on the long bones. At the same time the knee commenced to swell, at first the heads of the *musculi vasti int.* and *extern.* and gradually the other parts surrounding the joint, extending below the lower part of the patella. With the increase of the swelling, which usually attained the size of the human head, the pains increased to an extraordinary degree of violence.

These pains were most bearable if the patient, standing on the sound leg and leaning with her back against the wall, allowed the right leg, half bent, to swing freely; the pains were most violent when lying on the back, and when covered with a feather bed. It became quite impossible for her to walk, as the swelling made it impossible to bend the leg. The skin over the high swelling was tense and shining, but unchanged in color and in temperature. The swelling felt elastic to the touch and could bear a moderate pressure without any considerable increase in the pains.. There was no trace of oedema or of fluctuation. After twenty-four hours, which were spent without sleep, the swelling and the pains began to decrease even as they had before increased; the appetite returned, the odor from the mouth disappeared, and there only remained dull pains, occupying the whole of the head, and a general weariness. After three days everything was over, returning again after twelve days. Numberless sorts of treatment, even the careful treatment of a celebrated homœopathic physician, extending over several years, had been without any effect. For two years the patient had used no remedies, as she had lost all hope. During one of these customary paroxysms I was first called into the family owing to a case of measles with one of the children. Though none of those present called my attention to the patient, who was groaning with violent pains on a sofa in another corner of the room, I could not help inquiring with sympathy after her, and since I

could not approve of the stolid resignation of her relatives I offered my services. My assistance was thankfully accepted, though with much shrugging of the shoulders. *China*, *Pulsatilla*, *Rhus*, *Manganum aceticum* were used one after the other in four successive attacks of the disease without any other effect than that some concomitant symptoms disappeared; as to the main symptoms, the attacks remained the same. My choice now fell on *Arsenicum*, of which I gave her three drops in the 30 centesimal attenuation when one of her attacks had just ceased. The second dose I gave her on January 3, 1849, the evening before her next attack was expected. From that time on my diary contains the following brief notices :

January 4. Without any premonitory symptoms, and without any concomitant pains, the right knee began to swell at the place where the *Musculi vasti* begin. There was no sensitiveness to pressure at all.

January 5. A slight increase of the swelling without any sensitiveness to the touch, with only a slight pain while walking; she could occupy any position and was not hindered from sleeping.

January 6. Since yesterday evening the swelling has decreased; it had never risen to half its ordinary size and had disappeared by the evening of the 6th. No headache.

During the duration of this attack, which had been so visibly milder, I had given her a dose of the 15 cent. attenuation of tincture of *Arsenicum album* every day; after the attack was over I gave the same dose only every four days. This was continued to the end of February. Up to that time the trouble had reappeared four times (one time before its usual period), but the attacks became continually milder, and even the first attack did not hinder the patient in her usual domestic vocations. The fourth attack was manifested merely by a quite insignificant, soft and entirely painless swelling of the origin of the *Musculi vasti*, which disappeared within twenty-four hours. Since that time the woman has remained free from this very painful trouble, which had embittered twenty-five years of her life.

## THE TONGUE IN SIMPLE DYSPEPSIA.

With regard to the medicines suggested by the appearance of the tongue—a thick, moist fur, creamy white in color, indicates *Antimony*; while a dryer tongue of the same character calls for *Pulsatilla*, and a thin, white coating, through which the enlarged papillæ show, indicates *Belladonna*. A yellowish stripe down the middle indicates *Hydrastis*; a thickly coated, yellow-brown tongue, with red edges, *Kali bichrom.*; a yellow coating to the base while the fore part is clean, *Nux vom.* or *Mercurius iod. flav.*; a dry tongue, brown down the centre, and shining red edges, *Baptisia*; a dry, brown tongue, with a red, cracked tip, indicates *Lachesis*; a coated tongue, with moist, clean tip, *Bryonia*; the same, with a triangularly shaped red tip, *Rhus tox.* A beefy red tongue, or a tongue with two brown or yellow streaks with red centre stripe and red edges, indicates *Arsenicum*; a white coating, with tendency to formation of black crusts, *Phosphorus*. *Mercurius sol.* also has a thick moist coating, the upper layers tending to be blackened in patches. A mapped tongue suggests *Taraxacum* or *Natrum mur.* The sensation of hair on the back part of the tongue is given as a reason for the administration of *Kali bichrom.*; on the fore part, of *Silicea*; indifferently, of *Natrum mur.* I have had cases which have confirmed these three indications.—*T. G. Stonham, M. D., in Journal of British Hom. Soc., Oct., 1898.*

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## BOOK NOTICES.

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**The Porcelain Painter's Son. A Fantasy.** Edited with a Foreword. By Samuel Arthur Jones, M. D. 126 pages. Cloth, \$1.00; by mail, \$1.05. Philadelphia. Boericke & Tafel. 1898.

The contents of this artistic little book proves that the pen that wrote *The Grounds of a Homœopath's Faith*, the most powerful argument in favor of Homœopathy ever published, has not lost its old-time power or charm. *The Porcelain Painter's Son* is a Fantasy, and, something more, much more—it is the spirit of Homœopathy and the great founder, and every reader will read and re-read it and arise with a truer and higher conception of what Homœopathy really is.

Following this is a paper, "Under which King Benzonian," of the racy, breezy style of those constituting the earlier work just named, and it, too, is something to be read and read again and to put before others. No one, we believe, who knows good literature will be disappointed in this little volume.

The get-up of the work is very pleasing.

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**Practical Ureanalysis and Urinary Diagnosis :** A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., LL. D. (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms and Treatment." Fourth, revised edition. With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 365 pages, bound in extra cloth, \$2.50 net. The F. A. Davis Co., publishers, Philadelphia, New York city and Chicago.

When it is known that three large editions of this book were sold within three years and that it is the text-book, on the subject treated, in sixty medical colleges, it will be realized that it is the book you should get if wanting one on ureanalysis.

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**A Primer of Psychology and Mental Disease for Use in Training-schools for Attendants and Nurses and in Medical Classes.** By C. B. Burr, M. D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; formerly Medical Superintendent of the Eastern Michigan Asylum; member of the American Medico-Psychological Association, etc. Second edition, thoroughly revised. 5½x7¾ inches. Pages ix-116. Extra cloth, \$1.00 net. The F. A. Davis Co., publishers, Philadelphia, New York city and Chicago.

The following bit of psychological humor from the preface is not a bad "concept" of the book: "The association of the concept embarrassment and the concept commiseration has produced the judgment to write this unambitious little book. The embarrassment has been incident to simplifying in teaching what is

at best an abstruse subject. The commiseration I have felt for the members of the Training-school Class, who have been compelled to stand 'quiz' on the subject of a lecture without aid to memory other than imperfect syllabus." It will be a useful book to enable students to "pass," but, without the least disrespect to the learned Professors of Psychology, we think that none of them have discovered the secret of LIFE nor ever will. Life, Space, Time and Eternity are things beyond the mental scope of the created.

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**A Practical Treatise on the Sexual Disorders of Men.** By Bukk G. Carlton, M. D. 169 pages. Cloth, \$1.60. New York: Boericke, Runyon and Ernesty. 1898.

This little work gives description and treatment of the various sexual diseases of men, not including syphilis or gonorrhœa, and concludes with a very excellent homœopathic Materia Medica, or chapter on therapeutics, applicable to the diseases considered. The work is designed for physicians only.

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**The Physician's Visiting List for 1899.** Philadelphia: P. Blackiston, Son & Co.

This the forty-eighth year of publication of this elegant little work, one of the neatest published.

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**A Text-Book of Pathology.** By Alfred J. Stengel, M. D., Instructor in Clinical Medicine in the University of Pennsylvania, etc. With 372 illustrations. 848 pages. Cloth, \$4.00. Half-morocco, \$5.00. Philadelphia: W. B. Saunders. 1898.

Dr. Stengel's aim has been to present the subject of pathology in as practical a form as possible and always from the point of view of the clinical pathologist. Prominence is given to pathologic physiology, and discursiveness and citation of authorities avoided. The illustrations are numerous and mostly good, some of those in color are especially fine.

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**American Pocket Medical Dictionary.** Edited by W. A. Newman Dorland, A. M., M. D. 518 pages. Flexible binding, gilt edges, \$1.25. Philadelphia: W. B. Saunders. 1898.



This little pocket book, for although containing 518 pages it is still an easy pocket size, is a marvel of condensation, containing over 26,000 words and terms and 60 tables. This is made possible by giving only the spelling, pronunciation and terse definition of each word. For instance, "HYSTERECTOMY (his-ter-ek'-to-me), Surgical Removal of Uterus." So far as we can see it is a very excellent work.

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AN old school reviewer of the translation of the 25th edition of Schuessler's *Biochemic Therapy* says: "The physician who has faith in therapeutics properties of drugs in general should become familiar with Dr. Schuessler's method." From the wording of this one would infer that such faith was very rare to day.

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ABOUT 1,100 pages of Arndt's *Practice* are printed or in type and the publishers hope to have it ready for delivery in January. When completed the work will be one of about 1,200 octavo pages or about the size of Osler's work. It will contain a full section on nervous diseases, and in all respects will be a complete and modern work on the practice of medicine. Dr. Arndt has put an immense amount of hard work in this book, and it will not be a mere rehash of the older works, but fresh, live and up with the times.

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**The Prescriber: A Dictionary of the New Therapeutics.**

By John H. Clarke, M. D., F. R. G. S.

Of all the little books which are excellent in principle and purpose that these good publishers have given us recently none are more welcome than Dr. Clarke's *Prescriber*. Its plan is simple and its scope is indicated in the following extract from its preface :

"The indications for the remedies generally will be found to be more symptomatic and less pathological than formerly. Medicines have no regard to the names of diseases, either pathological or nosological, but only to the symptoms of each individual patient. A repertorial work, whose basis of arrangement is clinical or nosological, has, in strict logic, no *raison d'être* in homœopathy; but practically it has a by no means unimportant place. Names of diseases correspond to well defined

groups of symptoms, which find analogous groups in the symptom record of the various medicines. A clinical repertory like *The Prescriber* shows at a glance what these medicines are, and how they are to be distinguished from each other. If the most similar remedy is not found under any of the medicines named, recourse must be had to the *Materia Medica* itself and the repertories of its symptomatology. It is not intended to be a substitute for a knowledge of the *materia medica*, but only as a help to the successful use of it."—*The Clinique*.

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**The Change of Life in Women, and the Ills and Ailings Incident Thereto.** By J. Comptom Burnett, M. D.

Dr. Burnett has given us a readable work—and are not all of his works most delightful to take up and read—on that subject of women's ailments that is so often made a scapegoat by both the patient and the doctor, and he strives to impress upon his readers the necessity of proper appreciation of the condition and the internal use of remedies. In speaking of treatment, the author says, "the very largest amount of success is obtained when we abstract ourselves from the name of the ailment and study the constitutional bearings of the case, and treat the woman's organs on general principles." We predict for the work a wide sale.—*J. B. G. in Homœopathic Eye, Ear and Throat Journal*.

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THE *Clinique*, a journal that is not afraid to speak right out in meetin', says of Norton's *Ophthalmic Diseases*, second edition, that it "contains 647 pages of the best arranged, most complete and most modern thought upon diseases and therapeutics of the eye ever published in America. We believe it to be the best text-book upon ophthalmology published to-day."

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**An Abridged Therapy Manual for the Biochemical Treatment of Disease.** By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth Edition.

The twenty-fifth edition of Dr. Schuessler's manual presents many points which can not be emphasized too highly. The increasing amount of attention which is being paid to the bio-

chemical elements of the treatment of disease and the biochemical aspects of the mechanism of the human system make evident immediately the value of such a work, especially when prepared by so eminent an authority. The present little volume is a very compact arrangement of points in medicine which can be of assistance to every practitioner, and we are confident that it will well deserve a position in any physician's library.—*Medical Mirror*.

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**Renal Therapeutics, Including Also a Study of the Etiology, Pathology, Diagnosis and Medical Treatment of Diseases of the Urinary Tract.** By Clifford Mitchell, A. M., M. D.

We have long felt the need of a work on renal therapeutics, and Dr. Mitchell has made this the primary object of his book. A few chapters are devoted to the complete structure of the kidneys, a knowledge of which is so necessary to an understanding of its function. The plates are carefully selected and well illustrate the pathology to which they refer. The book is admirably arranged, giving homœopathic treatment and adjuvant measures and is a welcome addition to our library. It should be in the hands of every practitioner.—*Am. Med. Monthly*.

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### A CORRECTION AND AN ANNOUNCEMENT.

Editor HOMŒOPATHIC RECORDER.

Through an inadvertence on my part the price of the "Therapeutics of Diphtheria" is quoted too high in the last "RECORDER," it retails at 65 and 50 cents respectively; will you kindly make the correction in the next number of the RECORDER? And will you also announce that I have about ready for publication a translation of "Bonninghausen's Repertory of the Antipsoric, Antisyphilitic and Antisycotic Remedies," which will be given to the printer as soon as sufficient subscribers at \$3.00 apiece are secured to pay the first cost. The work is far too valuable to be lost to English readers and unless it soon appears thus it will have entirely disappeared from our literature.

Respectfully yours,

C. M. BOGER,

*Parkersburg, W. Va., Nov. 21, 1898.*

# Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## VOL. XIII.

This number completes Volume XIII of the HOMŒOPATHIC RECORDER. Thirteen years is a fairly good span of life as homœopathic journals go, but so far as can be foreseen the RECORDER will go on for many more years. Its position among homœopathic journals is unique. It represents no society, or organization, college, or schism; it is simply an independent HOMŒOPATHIC journal with a world-wide circulation, whose pages are open to all shades of opinion, a forum, for we believe in the free discussion of *principles*, and also believe that in such discussion there need enter no personality. The clam policy is not rational.

Permit us to suggest, if not a subscriber, the hint of becoming one.

A Happy New Year!

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## THE INDICATED REMEDY.

One of our homœopathic exchanges recently published a paper wherein the writer asks: "Has not the time arrived when the true physician should not be wedded to any one method, but should use any legitimate means in his power to cure the patient in the easiest, quickest and most lasting manner?" Surely he should, and surely he in the past has always done so to the best of his ability. But can any reader tell us of an easier, quicker or more lasting cure than can be found in the indicated remedy? That term has of late been rather contemptuously spoken by those who should not—in our opinion at least—but if any can show a better method of treating disease than by the indicated

remedy no journal would give it a more heartfelt welcome than the *RECORDER*. If a man has his ears plugged up with wax or his bowels impacted, or in similar cases, he certainly immediately needs something else than a homœopathic drug, but this has always been admitted and is expressly pointed out in the *Organon*.

But, after all, it is only a personal thing. "The truth is mighty and will prevail." If Homœopathy is the truth—and its unwavering history would indicate that it is—it does not need support, for it is truth that supports man and not the reverse. If a man refuses the support of the truth, or cannot mentally comprehend it, that is his individual misfortune.

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### A POINT TO BE CONSIDERED.

Hahnemann, and all others since his day, excepting the author, or authors, of the new pharmacopœia, say that *Aconite* should be prepared from the whole plant gathered in time of flowering, and, of course, fresh, with all its life juices at their best. The new work, apparently on its own authority, directs the pharmacist, or physician, to prepare the tincture from the roots because they are "stronger." The fact that such a tincture would also be different, unproved, and therefore useless for homœopathic practitioners, does not seem to have been thought of by the makers of that work. Any one who comprehends the first principle involved in the word "Homœopathy" can readily see that such changes in the preparations of our drugs (and the above is but a specimen) will be a serious menace to the whole profession.

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### RESPECTFULLY REFERRED TO DR. S. A. JONES.

A subscriber writes :

"The paper 'On a Certain Custom of the Druids' that was published in the February number, 1898, of *HOMŒOPATHIC RECORDER* suited me, as I am very much interested in all such researches. I hoped that more would appear from the same pen during the year, but as nothing has made its appearance since from the same source I thought I would write about it."

We would state that a delightful little "fantasy," *The Porcelain Painter's Son*, by the writer of the paper on the Druids, has

just appeared, and every lover of good literature should hasten to get a copy. For your own reading (if a lover of good books) and for the waiting room table there is no better book published during the year. As for our correspondent's query, we answer it in the heading of this.

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### **PITTSBURG PERSONALS.**

Dr. W. C. Cook, of Pittsburg, and Dr. A. C. Clemens, of Wheeling, West Virginia, will spend the winter in Germany studying up their specialty, the eye.

After a year spent in Philadelphia and New York studying up the Eye, Ear, Nose and Throat, Dr. T. W. Stephens has opened up as a specialist in his new office at 814 Wood street, where he will devote himself to his specialty.

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HERBERT SPENCER says: "Life is the definite combination of heterogeneous changes, both simultaneous and successive, in correspondence with external coexistences and sequences.'" Now, gentle reader, if you know any more on the subject than you did before you are a profounder man than most of your fellows. We sometimes think the most truthful answer to the problem of life would be "give it up."

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### **MORAL: MONTHLY BILLS.**

"But in collecting doctors sometimes exhibit an amazing ignorance of human nature. Young graduates often think all they have to do to get ahead in life is to attend a few 'cases,' have some bills printed from a steel plate on nice paper, and when they want money fill one of the blanks and send it to a patient and wait for the next return mail to bring them a check. This delusion does not last long. Other physicians, whose years of experience should have taught them wisdom, never send bills till they need the money. If they happen to want one hundred dollars they will look over their books and find some one who owes them about that and send a bill. They never send bills to patients who are 'good' until they actually need money, and then are surprised to find some have moved away, some forgotten that they were ever treated at all, and others inclined to claim that the bill was paid 'long ago,' because it is so old and 'gray-

haired,' and it is not their custom to allow bills to remain unpaid so long. As a result the doctor finds that he is lucky if he can collect 25 per cent. or perhaps even 10 per cent. of the amount on his ledger.'—*The Medical Examiner*, Nov., 1898.

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THE *Homœopathic World* for November says:

Our readers will be pleased to learn that our eminent representative in the veterinary world, Mr. J. Sutcliffe Hurndall, M. R. C. V. S., has been elected president for the year of the Central Veterinary Medical Society, whose headquarters are 10 Red Lion Square. We offer our warm congratulations to Mr. Hurndall, and are glad to find that the prejudices which disgrace the world of human medical affairs are unknown among those who care for sick animals.

Mr. Hurndall is best known in the United States by means of his work published here a few years ago on *Veterinary Homœopathy in its Application to the Horse*, which is now the accepted authority on the subject. We also congratulate Mr. Hurndall on his new honors.

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## LOCATIONS ON THE PACIFIC COAST.

Editor of HOMŒOPATHIC RECORDER.

In your issue of 15th October RECORDER, you ask for particulars of a good location for a homœopathic physician. If a physician is desirous of such, and you will refer him to me, I will gladly attempt to put him in the way of securing a location, if he wishes it in this part of the country.

Yours very truly,

DR. F. W. SOUTHWORTH.

*Tacoma Theatre Building, Tacoma, Wash., Nov. 7, 1898.*

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## OBITUARY.

Dr. J. Heber Smith.

J. Heber Smith, M. D., of Boston, died in this city of heart disease Sunday morning, Oct. 23. He was born in Bucksport, Me., December 5, 1842, and was the son of Rev. Joseph Smith widely known Methodist clergyman of New England.

In early life Dr. Smith was prevented by ill-health from completing a classical course at Harvard College for which he was prepared. His health afterwards improved and he entered with



enthusiasm upon the study of medicine. He was graduated at the Hahnemann Medical College of Philadelphia, in March, 1864, as the valedictorian of his class. Almost immediately he entered upon a successful practice in Melrose which continued till 1882, when he removed to Boston, where he had been often previously called in consultation, and where he had since continued in practice.

In 1873, on the foundation of Boston University School of Medicine, Dr. Smith became one of its original members as Professor of *Materia Medica*, a position he filled with great ability to the present time. Since 1878 he had been one of its Executive Committee and its secretary.

He leaves a widow and two children—Mrs. Horace G. Lobenstine, a married daughter who resides in Detroit, and a son, Conrad Smith, who has nearly completed his medical education.

THE *Eclectic Medical Gleaner* for December, in reviewing the field, says of the past :

"Old-time eclecticism barely held itself together up to the time that Doctor John Milton Scudder fell into leadership. He found the E. M. Institute out at the elbows and knees and well nigh pauperized. The subscribers to the E. M. Journal numbered a baker's dozen but not many more, and the debts of the College were enough to scare a millionaire. Eclecticism all over the country seemed to be in a marasmic condition, and the outlook was dark indeed. There was needed a brainy, ambitious and commanding medical general, and Doctor Scudder supplied that need."

That is all true, and Dr. Scudder was a noteworthy man meriting great praise. It is also true that he was deeply tinctured with Homœopathy, as any one may see from his journal work; and may it not have been the homœopathic truth that he brought to almost defunct eclecticism that gave it a new lease of life?

THE great *She* man—Rider Haggard—is writing a novel the plot, or results, of which hinges on vaccination. Probably the villain will be an anti, and at the proper moment the hero with his lance (et), tipped with pure lymph, will rush to the rescue, and the curtain will go down on a happily vaccinated group.

# PERSONAL.

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To believe there are "several ways" of, say, peopling the earth, is not necessarily a sign of broadness and liberality.

"Aseptic vaccine" seems to be accepted without even a smile or twitch of the eyelid.

And now it is coming to pass that many dwellers in Punkville omit the name of State from their letters just as though they dwelt in Chicago.

Dr. Ralph L. Souder has located at 1300 North Fifty-fourth street, Philadelphia.

It is very comforting to think that "if Hahnemann were alive to-day he would believe as I do."

The world knows all about the ancestry of its great ones, while for the ancestors of the rest of us it cares not a bawbee.

Stick to the old Hahnemannian tinctures; they have carried us safely so far and it is unsafe to change.

If the flood gates of folly are opened a little wider Homœopathy will be submerged. Guess, from the looks of things, that they are closing.

You may be right, John Henry, evolution involves devolution, and this is the scientific reason why so many men make monkeys of themselves.

"Bicycling, from a Healthful Standpoint," is the title of a recent paper. Good thing for its writer at any rate.

In days of old the "rest cure" would have been termed "loafing."

There is not a great deal of difference between the new pharmacopœias' 1-10 tinctures and the Hahnemannian 1x dilutions.

Married: Dr. Charles Leslie Rumsey and Mary Hamilton Wailes, Baltimore, October 19, 1898.

Dr. Chas. E. Roth, Hahn., Philadelphia, '98, has located at 519 North Charles street, Baltimore, Md.

Dr. Geo. E. Houck has opened an office corner Biddle street and Madison avenue, Baltimore.

Dr. W. C. Comstock, specialist in Eye and Ear, has opened consulting rooms at 513 Cathedral street, Baltimore.

Dr. E. Gordon Valk has located at W. Arlington, Baltimore.

The Pennsylvania State Board of Health has inaugurated a three months dog quarantine in a town under their jurisdiction.

An editor recently said that he had gained the attention of "the thoughtful people," but "wanted a larger audience."

How does one distinguish a "thoughtful man from the other sort?"

And thus endeth Vol. XIII of ye HOMŒOPATHIC RECORDER.

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